

Name
in
Full

Lurema Elizabeth Adams

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	84	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Wm Adams (deceased)		
Father's Name	Robt Karr				
Mother's Maiden Name	Mary Rawlings				
Name of person giving Information	Rev. Joel Brown				

CAUSES OF DEATH

90

How long

One week.

How long

PHYSICIAN
OR CORONER

Primary

Acute Bronchitis.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

John Evans MD
602 Eator Ave,
Balto., Md.

Madison Mitchell
1201 W Fayeth St
Cecil Co Md
Hopewell Cemetery.

Name
in
Full

Amyie Anderson X

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Danville	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	W.M. Anderson	Father's Birthplace Md			
Mother's Maiden Name	Laura Hayes	Mother's Birthplace Balt			
Name of person giving information	W.M. Anderson	How related to deceased Father			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	6 mons -
Immediate	Tuberculosis		How long	6 mons
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J.F. Gorsuch	
		Address	Folk Md - 11th District	
Accident or Suicide?				



Name
in
Full

Lena Bach

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Violettsville	Town	Baltimore	County	MARYLAND
Date of death	1908 Dec	Month	17	Day	Years
Sex	female	Color or Race	white	Birth-place	Germany
Occupation	none	Where Residing if not at place of death			New Violettsville
Married, Single or Widowed	Widow	Name of Wife or Husband	Charles Bach		
Father's Name	Adam John	Father's Birthplace	Germany		
Mother's Maiden Name	Catherine Hansen	Mother's Birthplace	"		
Name of person giving information	John	How related to deceased	9		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Brights Disease

How long

2 years

Immediate Hemicoma + Paralysis

How long

4 day

Are the name, age, sex, color, date and place correctly given above?

yes

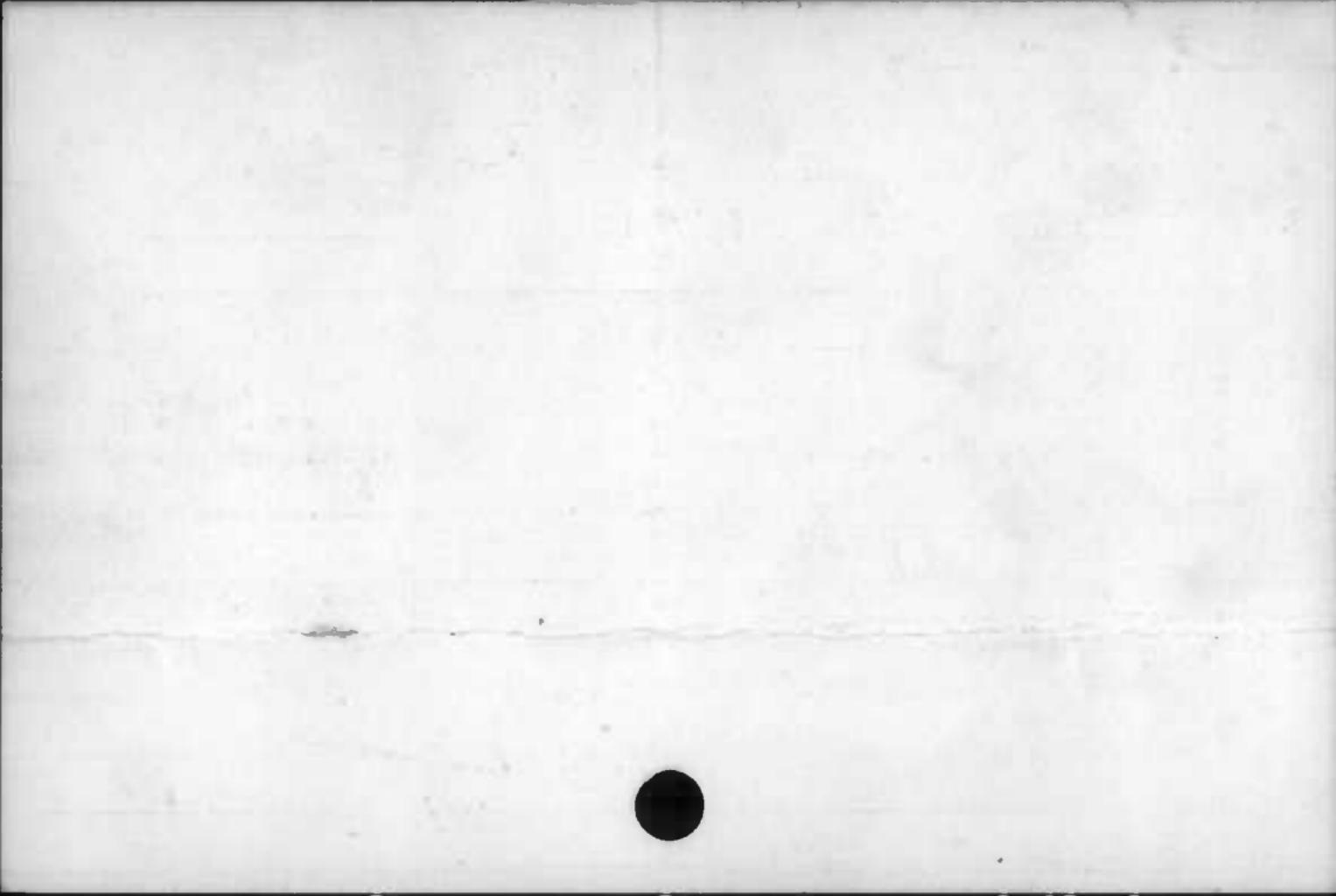
Signature of Physician

Address

B.B. Browne M.D.
510 Park Ave.

Accident or Suicide?

no



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Giovanni Branchini

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Unknown			
Father's Name	Unknown			Unknown	
Mother's Maiden Name	Unknown			Unknown	
Name of person giving information	Michael Branchini			None	

CAUSES OF DEATH

166

Primary "Crushed to death by car in
of sand pit"

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Coroner W. S. Sudkows.
3326 E. Baltimore

Accident or Suicide?

Crowley Bros
25 N. Fulton Ave

St. Patrick's Country

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Benjamin . . . Delr.

CERTIFICATE OF DEATH

Died at		Town	County			
Baltimore.		Baltimore.				
Date of death	Month	Day	Years	Months	Days	
1908	12	10	77			
Sex	Male.	Color or Race	White.	Birth-place	Balto. Co.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Ruth Anne Delr.			
Father's Name	Unknown					
Mother's Maiden Name	Unknown:					
Name of person giving information	Arthur Debrye					

CAUSES OF DEATH

66

How long

two years

suddenly

Primary

softening Brain

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

yes

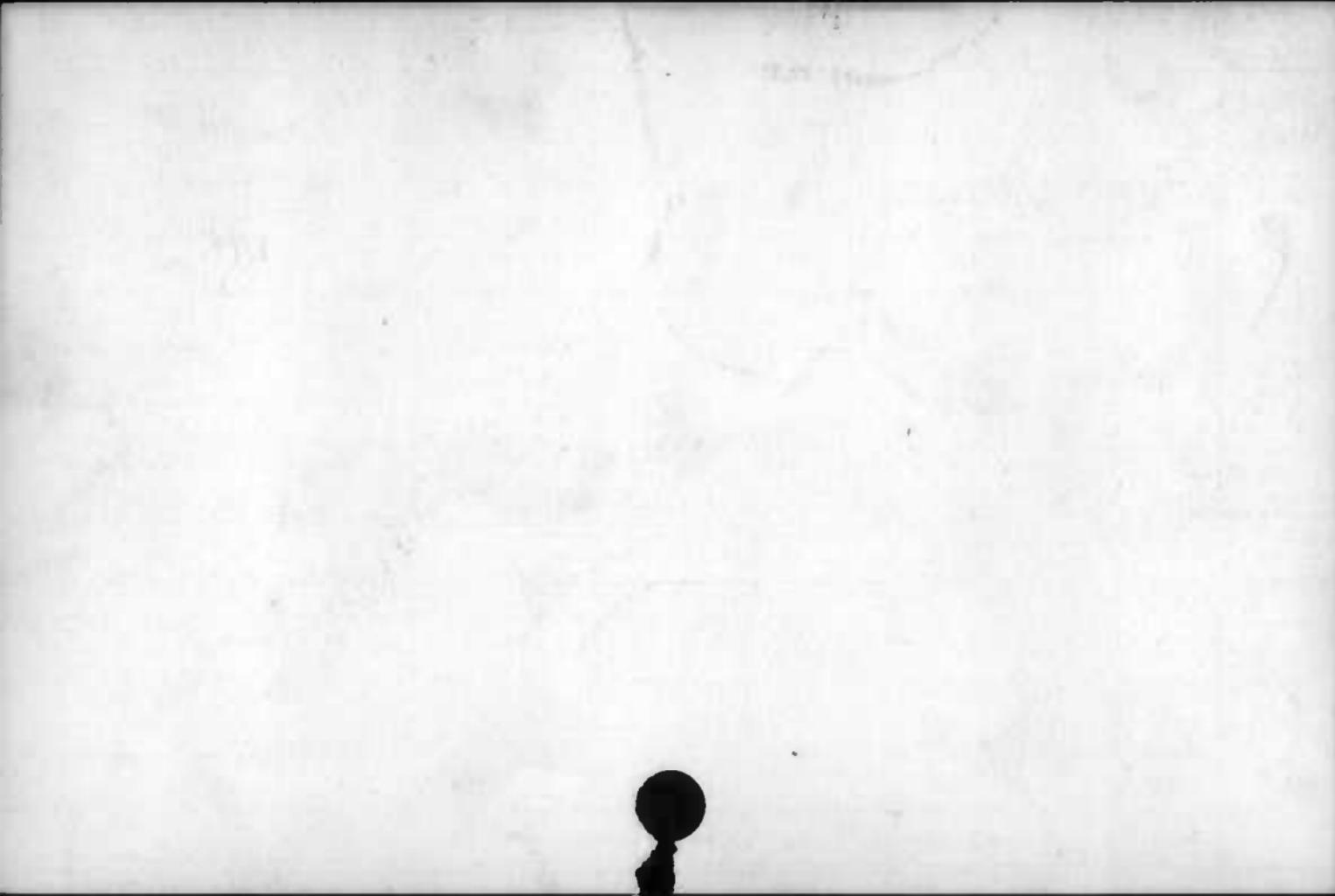
Signature of Physician

Address

Dr Arthur

Gowblesburg Md

Accident or Suicide?



Name
in
Full

Raymond L. Beemer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Dec</u>	Day <u>3</u>	Age	Years	Months
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place	Days
Occupation <u>Plumber</u>	Where Residing if not at place of death <u>904 S. Peist St.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Ses. A. Beemer</u>				
Father's Name <u>George A. Beemer</u>			Father's Birthplace	<u>Baltimore Co</u>	
Mother's Maiden Name <u>Sydia Greenville</u>			Mother's Birthplace	<u>Baltimore Co.</u>	
Name of person giving Information <u>Sydia Beemer</u>			How related to deceased	<u>Mother</u>	

CAUSES OF DEATH

46

Primary Multilocular Cyst of the Neck How long Consequently

Immediate Asphyxia -

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

C. V. Ahern
3200 Hudson St

PHYSICIAN
OR CORONER

Accident or Suicide?

Wm Cook

502. E. North Ave

Nat Carmel

Dec 5²/08 -

Name
in
Full

John Peter Berl

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Louisa Berl		
Father's Name	George Berl		Father's Birthplace	Germany	
Mother's Maiden Name	Unknown		Mother's Birthplace	Germany	
Name of person giving information	Louisa Berl		How related to deceased	Wife	

CAUSES OF DEATH

93

How long

How long

Primary	Chronic Rheumatism		11 months
Immediate	Lobar Pneumonia		14 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	N. Pickard M.D.
		Address	910 S. Lanton St. Balt. Md.
Accident or Suicide?		No	

PHYSICIAN
OR CORONER

J. Herring & Son
Att. Cornell
Cemetery

Dec. 21/08

Name
in
Full

Barbara Bode

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

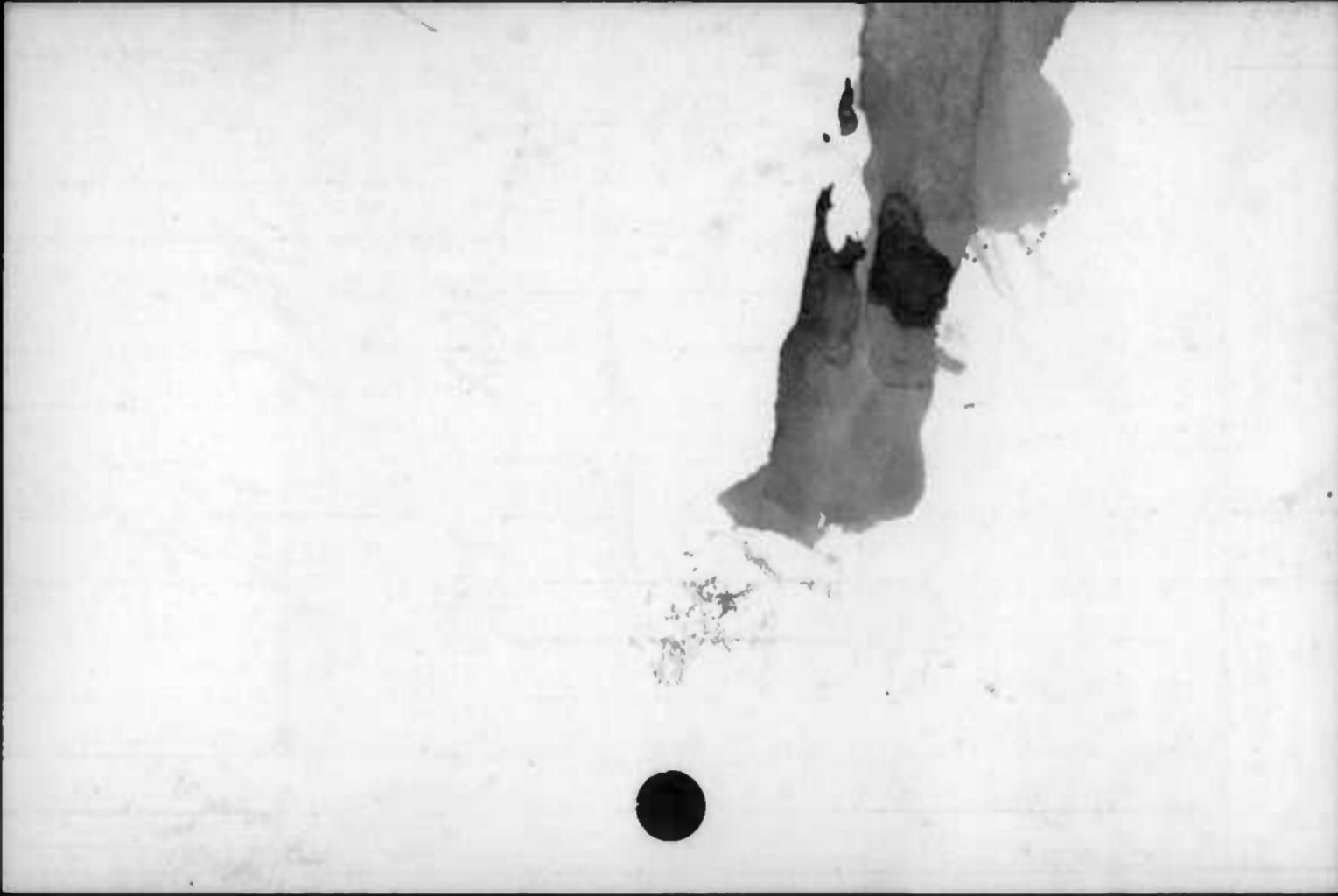
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1908	12	1	Age 84
Sex	Color or Race	Birth-place	
Female	White	Germany	
Occupation	Where Residing if not at place of death		
House Wife			
Married, Single or Widowed	Name of Wife or Husband		
Widowed	Conrad Bode		
Father's Name	Father's Birthplace		
Unknown	Germany		
Mother's Maiden Name	Mother's Birthplace		
Unknown	"		
Name of person giving Information	How related to deceased		
Nicholas Bode	Son		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Acute Endocarditis	How long
Immediate	Heart Failure	3 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes	V. T. Payne	
Address		
Phoenix, Ma		10
Accident or Suicide?		



Name
in
Full

John Batye

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Int. Winans</u>		Town	<u>Balto</u>		County	<u>MARYLAND</u>	
Date of death	<u>1908</u>	Month	<u>12</u>	Day	<u>8</u>	Years	
Sex	<u>Male</u>	Color or Race	<u>White</u>		Birth-place	<u>Int. Winans</u>	
Occupation					Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	<u>John S. Batye</u>				Father's Birthplace	<u>Ired</u>	
Mother's Maiden Name	<u>Elizabeth Marshall</u>				Mother's Birthplace	<u>Ireland</u>	
Name of person giving information	<u>John S. Batye</u>				How related to deceased	<u>Father</u>	

CAUSES OF DEATH

179

How long

3 months

How long

PHYSICIAN
OR CORONER

Primary

Anomia -

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Z.B. Hall

Address

Int. Winans

Accident or Suicide?

Nest. Finch
Okeover. Balco.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Braunschweiger
Town Canton
County Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1908 Month Dec. Day 6 Year 77 Months 5 Days 6

Sex Male Color or Race White Birth-place Germany

Occupation Church Sexton Where Residing if not at place of death 1133 S. Clinton St.

Married, Single or Widowed Married Name of Wife or Husband Theresa Braunschweiger

Father's Name John Braunschweiger Father's Birthplace Germany

Mother's Maiden Name Elizabeth Heitzman Mother's Birthplace " "

Name of person giving Information Theresa Braunschweiger How related to deceased Wife

CAUSES OF DEATH

154

How long unknown

How long 6 days

Primary Senility

Immediate Cardiac Syncope

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. M. D. Jahn

Address 3419 6th Street

Accident or Suicide?

Sacred Heart Cemetery

Dec 10th 08

Lilly and Zeiler

Name
in
Full

George H Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Baltimore		Town Baltimore		County Baltimore		MARYLAND	
Date of death 1908	Month 12	Day 24	Age 36	Years 36	Months —	Days —	
Sex male	Color or Race White			Birth-place Baltimore	Baltimore		
Occupation Team Laborer			Where Residing if not at place of death Park				
Married, Single or Widowed Single	Name of Wife or Husband —			Father's Name Augustus Brown	Father's Birthplace Baltimore	Baltimore	
Mother's Maiden Name Amelia Patterson			Mother's Birthplace " "				
Name of person giving information Annie Brown			How related to deceased Mother				

CAUSES OF DEATH

27

Primary	Acute Tuberculosis	How long 6 months
Immediate	Inflammation	How long 6 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

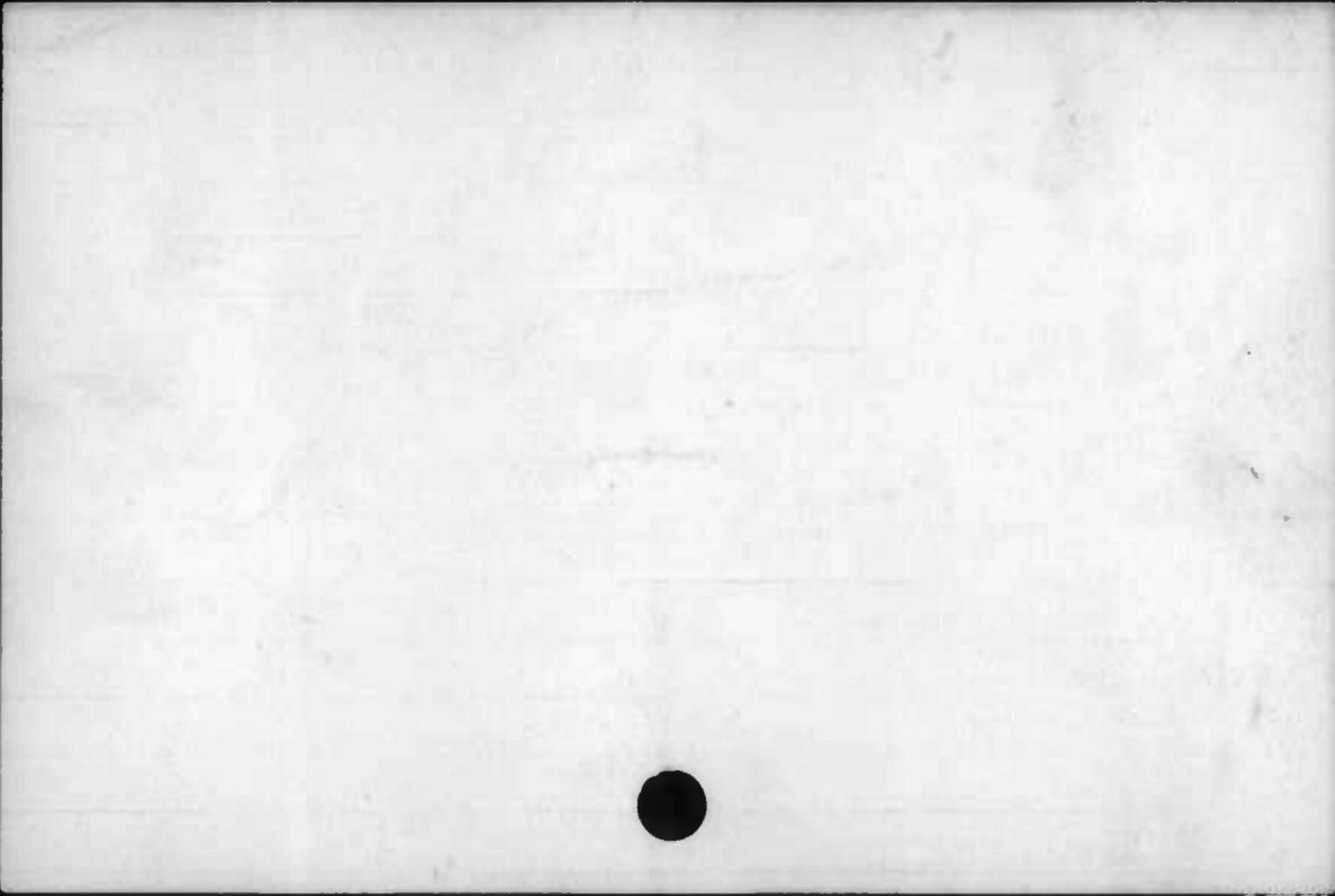
A. M. Clegg, M.D.

Address

**Sophia Md.
11th District**

Accident or Suicide?

No



Name
in
Full

Joseph A. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	St. Agnes Hospital			
Father's Name	Sarah Hannah Brown			Baltimore	
Mother's Maiden Name	Martha A. Ritter			Baltimore, Md.	
Name of person giving information	Wm. C. Brown			Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

1

3½ weeks

Immediate

Laxatives

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

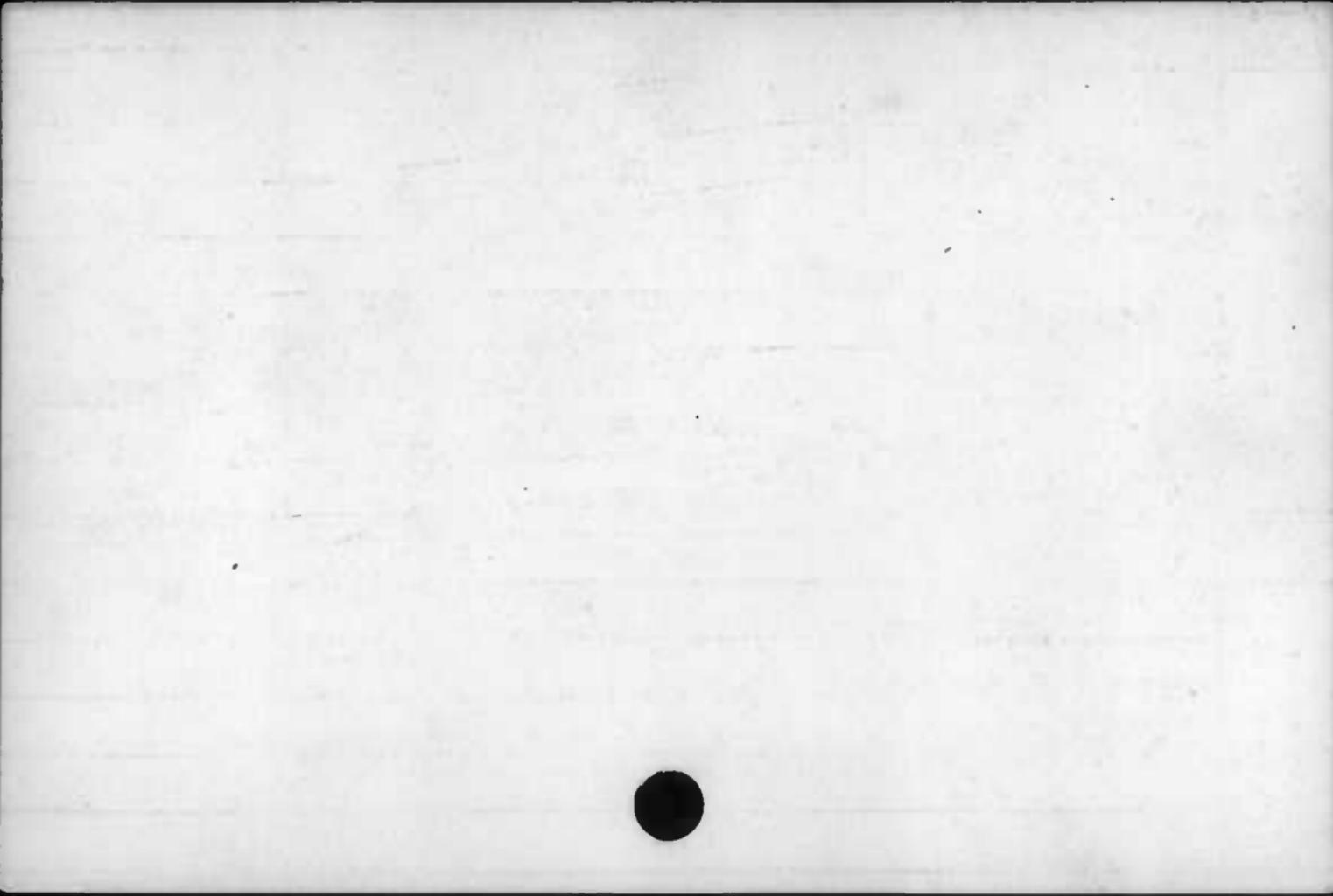
Signature of Physician

Address

Ed Landrock

St. Agnes Hospital

Accident or Suicide?



Name
in
Full

Mary Elizabeth Burk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place Maryland	
Occupation	housewife	Where Residing if not at place of death	Resided off at at Martin F Burk		
Married, Single or Widowed	Married	Name of Wife or Husband	John J Hellstrom	Father's Birthplace	Germany
Father's Name			Margaretha Elizabeth Schultz	Mother's Birthplace	not known
Mother's Maiden Name			Girard Venetson	How related to deceased	Son
Name of person giving information					

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary	Cancer of bowel		How long	18 months
Immediate	Cancer of bowel		How long	some
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Arthur Williams	
		Address	Elk Ridge Ind	
Accident or Suicide?	no			

Cabrin Hill
Elkridge Md.

Name
in
Full

(Infant) Bully

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Died at	Baltimore	Baltimore			
Date of death	Month	Day	Years	Months	Days
1908	12	30	—	—	1
Sex	Female	Color or Race	Black	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Singl	Name of Wife or Husband	Same		
Father's Name	Ed Bully				
Mother's Maiden Name	Sadie Green				
Name of person giving information	Sadie Green				

CAUSES OF DEATH

Primary

Premature delivery

151

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. J. Shapley Esq
Granby Md

Accident or Suicide?



Name
in
Full

Injams Calf

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Reisterstown	County Baltimore	MARYLAND			
Date of death	Month Dec	Day 24	Years —	Months —	Days 1	
Sex	Female	Color or Race white	Birth- place Baltimore Co			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Worsley Calf					Father's Birthplace Baltimore Co
Mother's Maiden Name	Mary Emma Redman					Mother's Birthplace Baltimore
Name of person giving Information	Worsley Calf					How related to deceased Father

CAUSES OF DEATH

151

Primary

Pneumonia Birth

How long

1 day

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

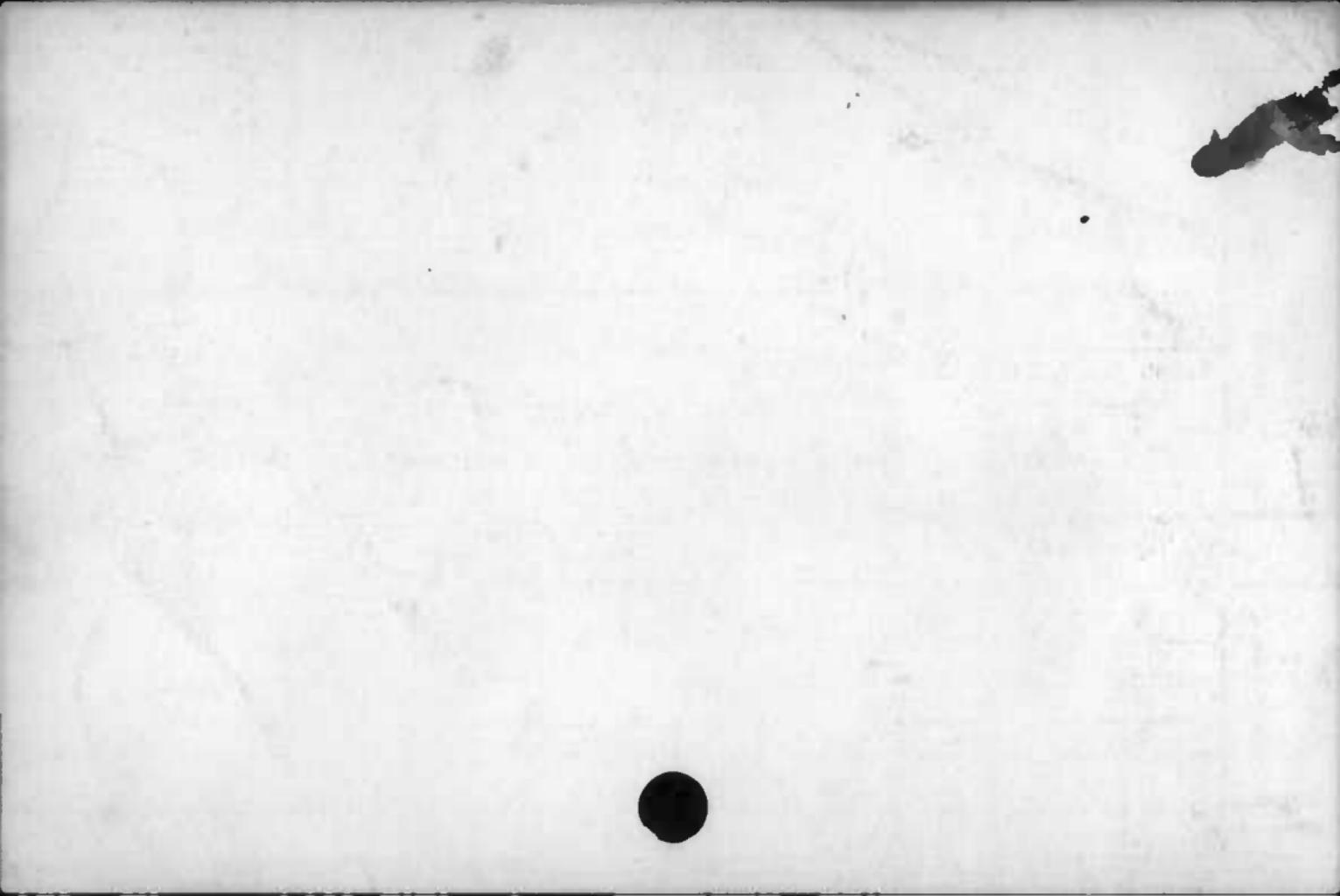
Signature of
Physician
A. McElroy

Address

Reisterstown Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Elsie J. Carr

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Hospital	Baltimore				
Date of death	Month	Day	Years	Months	Days
1908	December	12	Age 29	8	19
Sex	female	Color or Race	American	Birth-place	Harford Co.
Occupation	Dress maker	Where Residing if not at place of death	Baltimore		
Married, Single or Widowed	married	Name of Husband	Frank Carr		
Father's Name	William E. Party	Father's Birthplace	Harford Co.		
Mother's Maiden Name	Annie M. West	Mother's Birthplace	Harford Co.		
Name of person giving information	Agnes V. Preston	How related to deceased	daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever
Exhaustion

How long

3½ weeks

Immediate

How long

one week

Are the name, age, sex, color, date and place correctly given above?

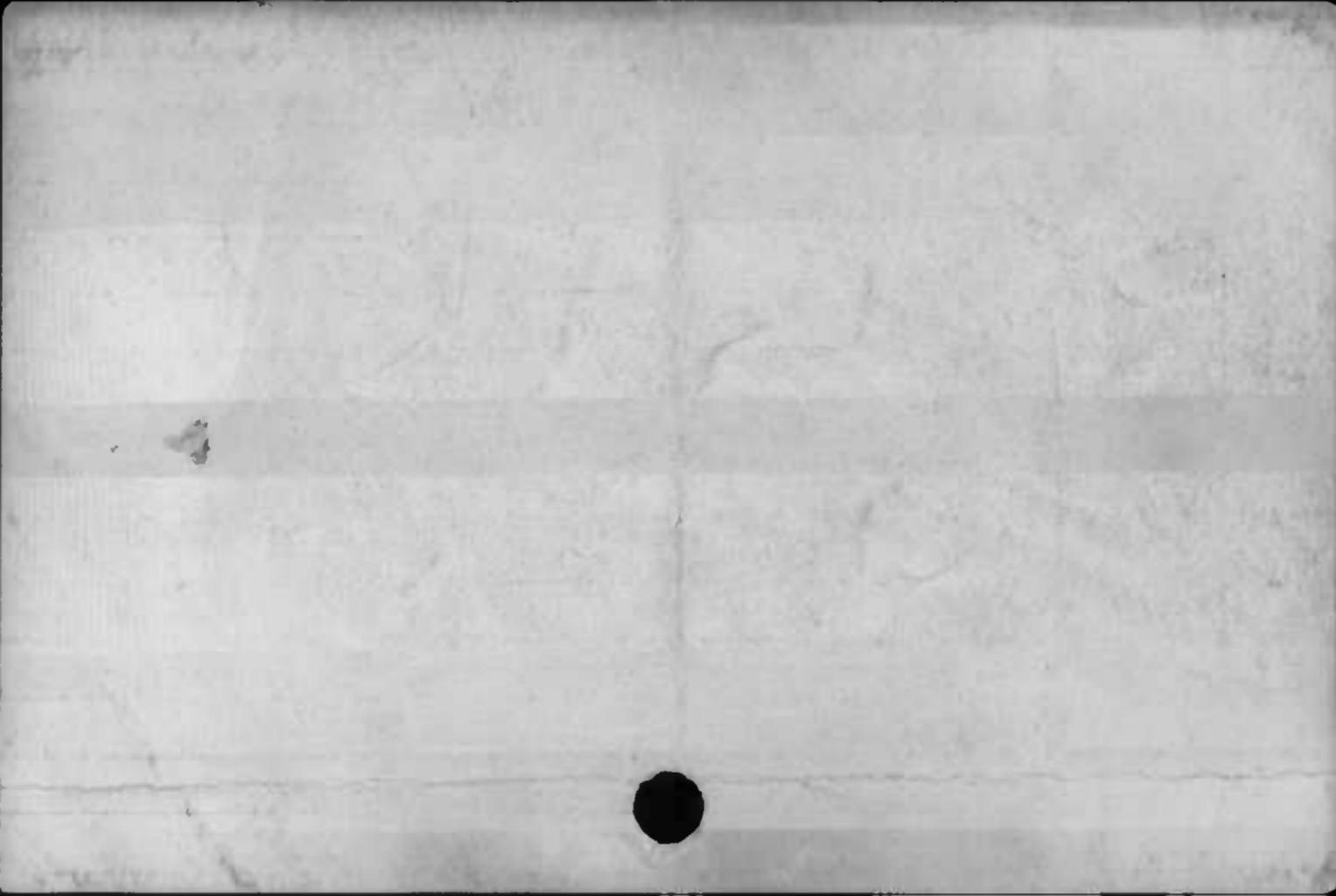
Yes

Signature of Physician

Address

Charles Christie
Aberdeen Md.

Accident or Suicide?



Name
in
Full

Rebecca Chamberlain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1908	Dec	9	Age 85	-	-
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	House Wife	Where Residing if not at place of death			Baltimore, Md
Married, Single, or Widowed		Name of Wife or Husband	James Chamberlain		
Father's Name	Thomas Chamberlain	Father's Birthplace	Maryland		
Mother's Maiden Name	Sarah Bond	Mother's Birthplace	Maryland		
Name of person giving information	Joseph Chamberlain	How related to deceased	Son		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

acute indigestion
Conv.

How long

2 days
8 hrs

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. Stultz M.D.
Baltimore
Md

Accident or Suicide?

Hartford Co.

Name
in
Full

Mrs Mary Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation					
Married, Spouse , or Widowed	Married	Name of Wife or Husband	Bluster Clark		
Father's Name	Chas A Daniels				
Mother's Maiden Name	Sarah Hiest				
Name of person giving Information	Mrs Mabel Kelley				
CAUSES OF DEATH					
Primary	Lobar Pneumonia				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Filed 1908			F. S. Eldred M.D.		
Accident or Suicide			Spanis Point Md		

PHYSICIAN
OR CORONER

93

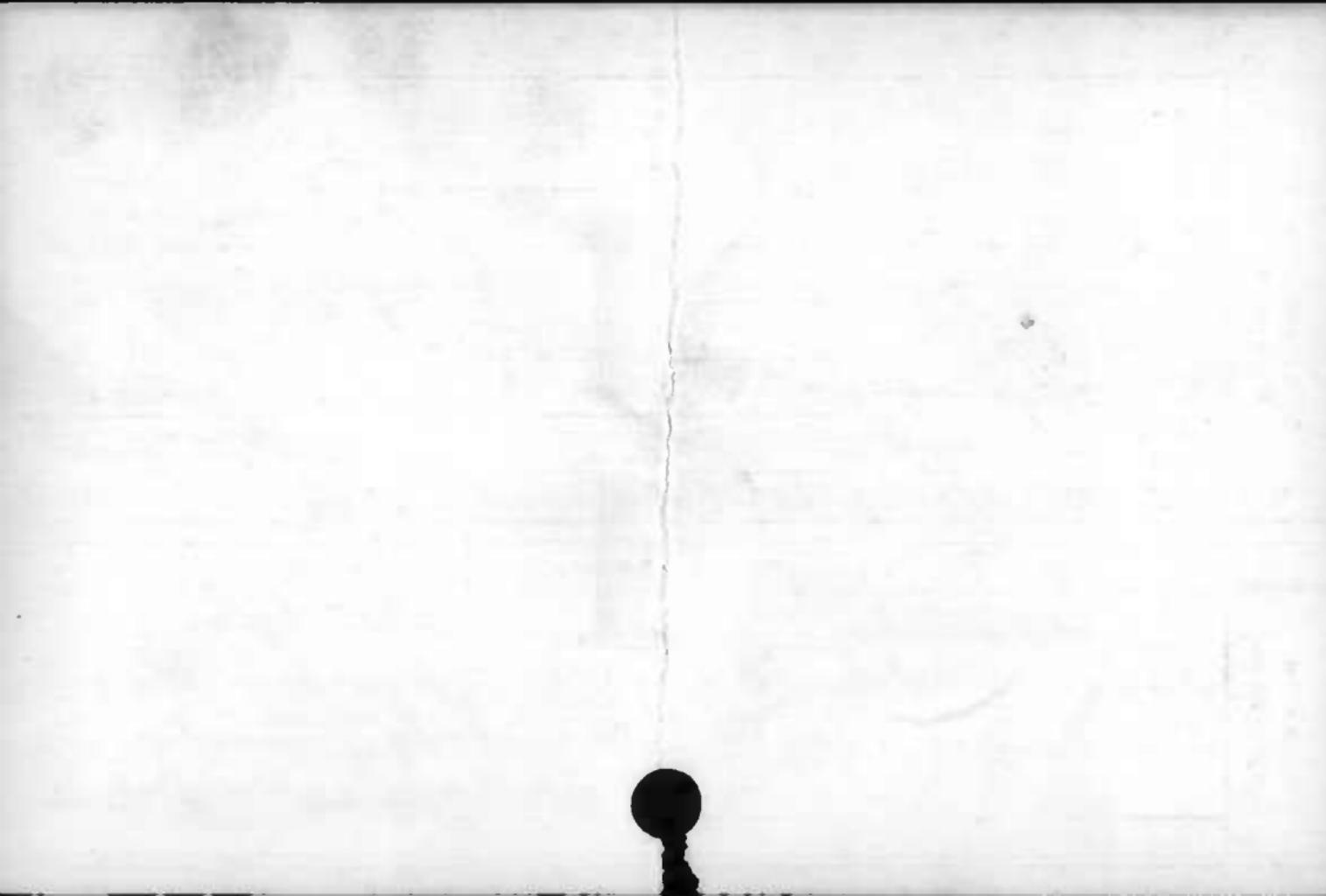
How long

6 days

How long

24 hours





Name
in
Full

Wm. Tom Cooke Clark

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1908	Month Dec	Day 24	Years 60	Months -	Days -	
Sex	Male	Color or Race	white	Birth-place	Md		
Occupation	Pulver Farmer			Where Residing if not at place of death	Lanue		
Married, Single or Widowed	Married	Name of Wife or Husband	Mrs Wm. W. Clark				
Father's Name..	W. L. Clark to W. T. Clark			Father's Birthplace	Md.		
Mother's Maiden Name	"	"		Mother's Birthplace	"		
Name of person giving information	Taken from Dr. Clegg & Co.			How related to deceased	None		
CAUSES OF DEATH						108	

Primary

Insanity.

How long

Several months

Immediate

Silence of brain & Elevation from same.

How long

Two weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

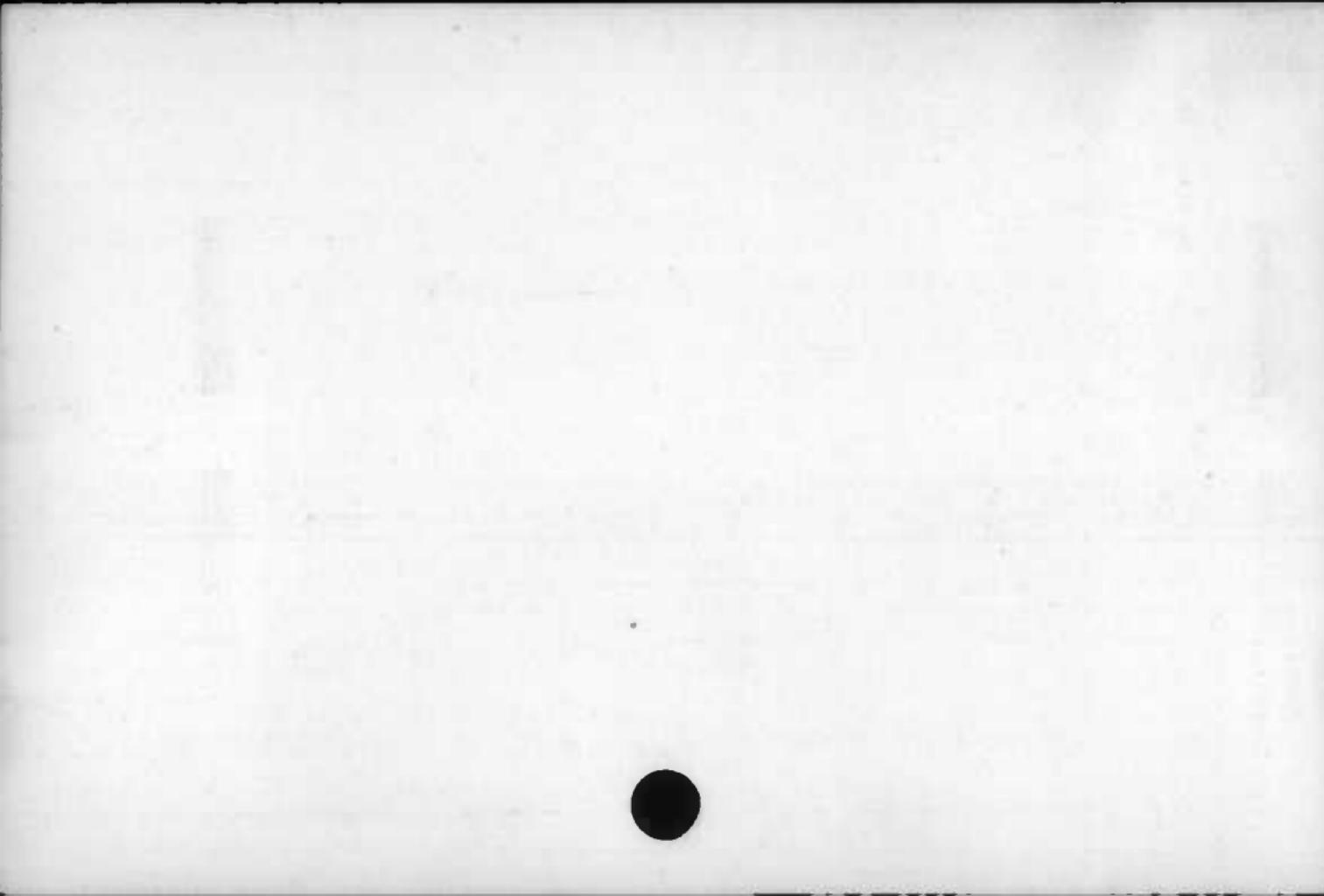
Address

Rich. J. Avery, M.D.

Catoctinville, Md.

Accident or Suicide?

No



Name
in
Full

Katherine S. Coffey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Dec	Day 31	Years 26	Months	Days	unknown unknown
Sex	Female	Color or Race	White	Birth-place	Md.		
Occupation	Stenographer			Where Residing if not at place of death	Mt. Hope		
Married, Single or Widowed	Single	Name of Wife or Husband			Father's Birthplace	Ireland	
Father's Name	John Coffey			Mother's Birthplace	Ireland		not at all
Mother's Maiden Name	not known			How related to deceased	not at all		
Name of person giving Information	Reeds M. Rose			How long	over 6 mos		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phthisis Laryngeal

26

How long

over 6 mos

Immediate

Cox

How long

about 2 wks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

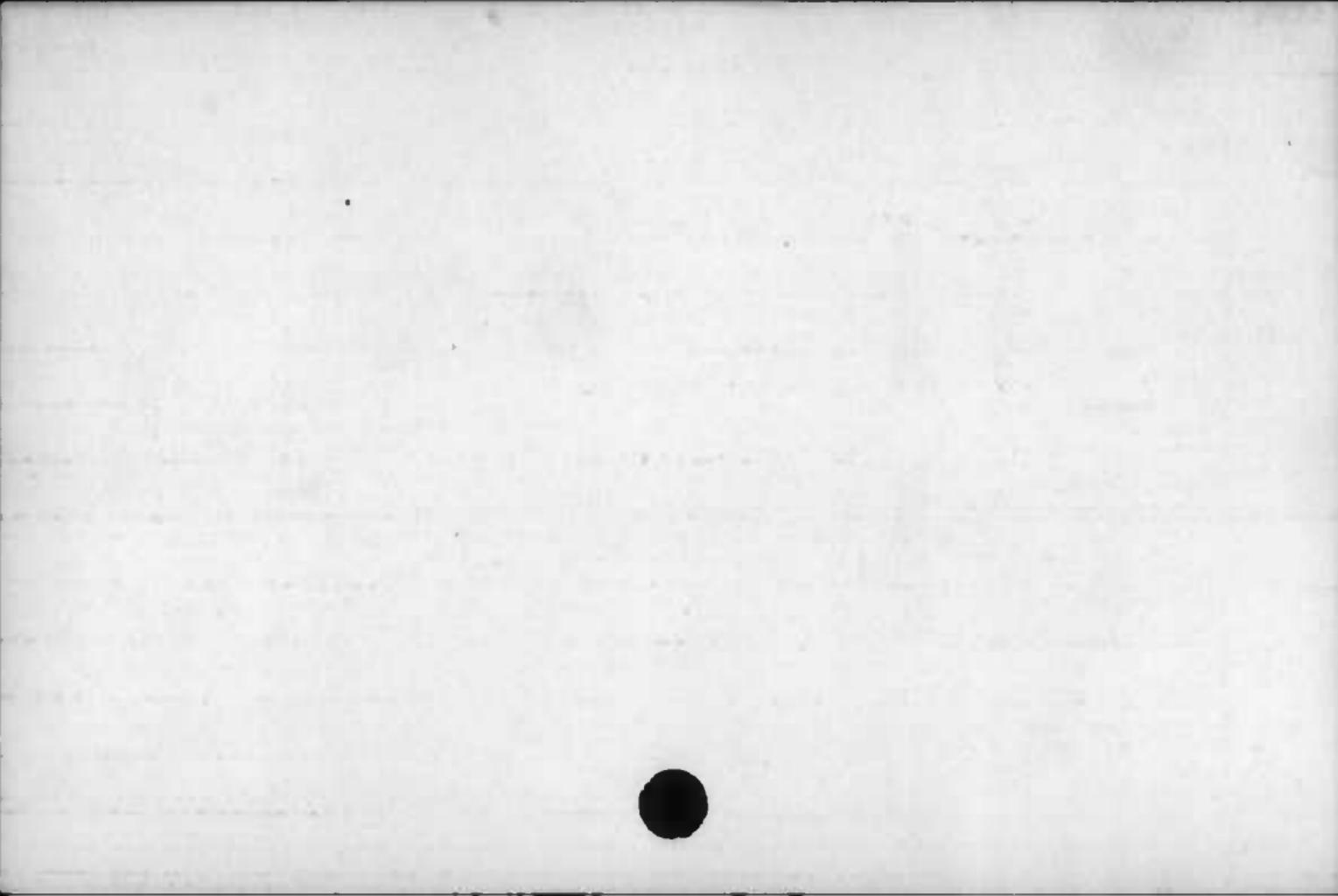
Address

J. J. Flannery

Mount Hope

Md

Accident or Suicide?



Name
in
Full

John Cordella

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County MARYLAND
Canton Balto.

Date of death	Month	Day	Years	Months	Days
1908	Dec	20	—	—	8

Sex Male Color or Race White Birth-place Balto. Co.
Occupation None Where Residing if not place of death 911 S. First St.

Married, Single Name of Wife or Husband — Father's Birthplace Balto old-
or Widowed Single John Cordella

Mother's Maiden Name Marie Sammet Mother's Birthplace Balto old-
Name of person giving Information John Cordella Father Balto old-
Information — Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inanition

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide

151

How long

How long

F. H. Sudley Coroner
3326 8th Balto.

Sacred Heart Cemetery
Dec 21st 08

Lilly and Zeiler
Undertakers

Name
in
Full

Ellen Costello

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

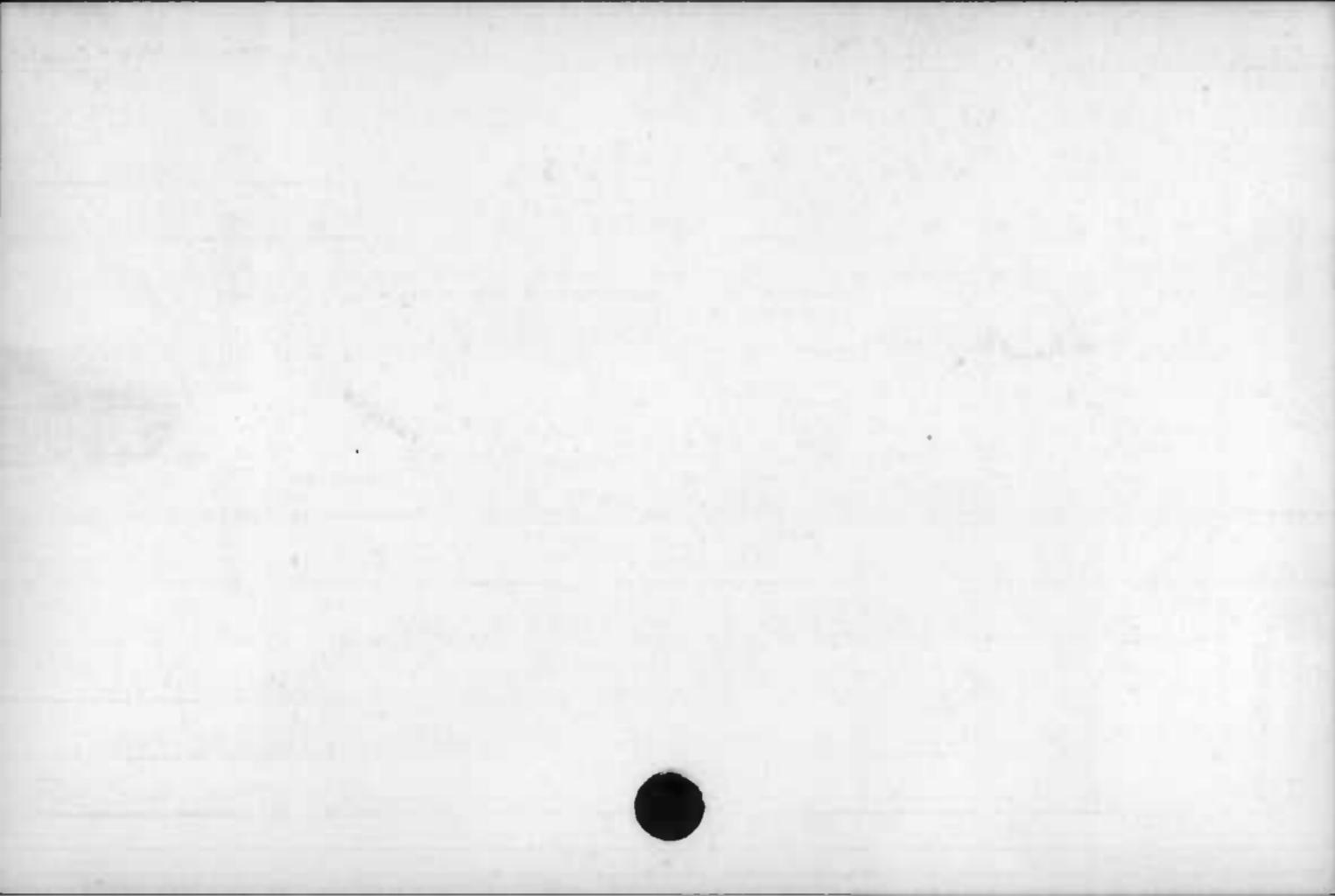
PHYSICIAN
OR CORONER

Died at		Town	County			
Died at	St. Agnes Hospital	Baltimore				
Date of death	1908	Month Dec.	Day 15	Age	Years 68	Months — Days
Sex	Female	Color or Race	White	Birth-place	Ireland	
Occupation	Cook	Where Residing if not at place of death	St. Agnes Hospital			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Unknown			
Father's Name	Jas. McHarty	Father's Birthplace	Ireland			
Mother's Maiden Name	Ellen Riley	Mother's Birthplace	Ireland			
Name of person giving Information	Neary Costello	How related to deceased	Niece			

CAUSES OF DEATH

Primary Gastric ulcer with perforation 1 week
Immediate adema of lungs 24 hours
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician S. Sandrock
Address St. Agnes Hospital

Accident or Suicide?



Name
in
Full

Oscar Clyde Cullen known as A. H. Crawford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	County Baltimore	MARYLAND			
Date of death	Month Dec	Day 13	Years Age 34	Months 11	Days 5
Sex Male	Color or Race White	Birthplace St. Paul, Minn.			
Occupation claims Pat. Atty	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Lucy N. Johnston				
Father's Name Charles N. Cullen	Father's Birthplace Ohio				
Mother's Maiden Name Elizabeth D. Davis	Mother's Birthplace Ve-				
Name of person giving Information Lucy N. Cullen	How related to deceased Nile -				

CAUSES OF DEATH

159

How long

How long

PHYSICIAN
OR CORONER

Primary

Pistol Shot Wound of Head

Immediate

Disorganization of Brain

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Frederick L. Takemoto
Coroner

Accident or Suicide?

Suicide

Catonsville



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Brigid Seline Daily.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	433 E Madison Balt. Md.	
Father's Name	Bugs Brown	Father's Birthplace	Ireland
Mother's Maiden Name	State C	Mother's Birthplace	Ireland
Name of person giving information	Mrs Frawo Kellyis daughter		

CAUSES OF DEATH

64

Primary

Arterio-sclerosis - Heart Disease

How long

C

Immediate

Cerebral Hemorrhage

How long

36 hours

Are the name, age, sex, color, date and place correctly given above?

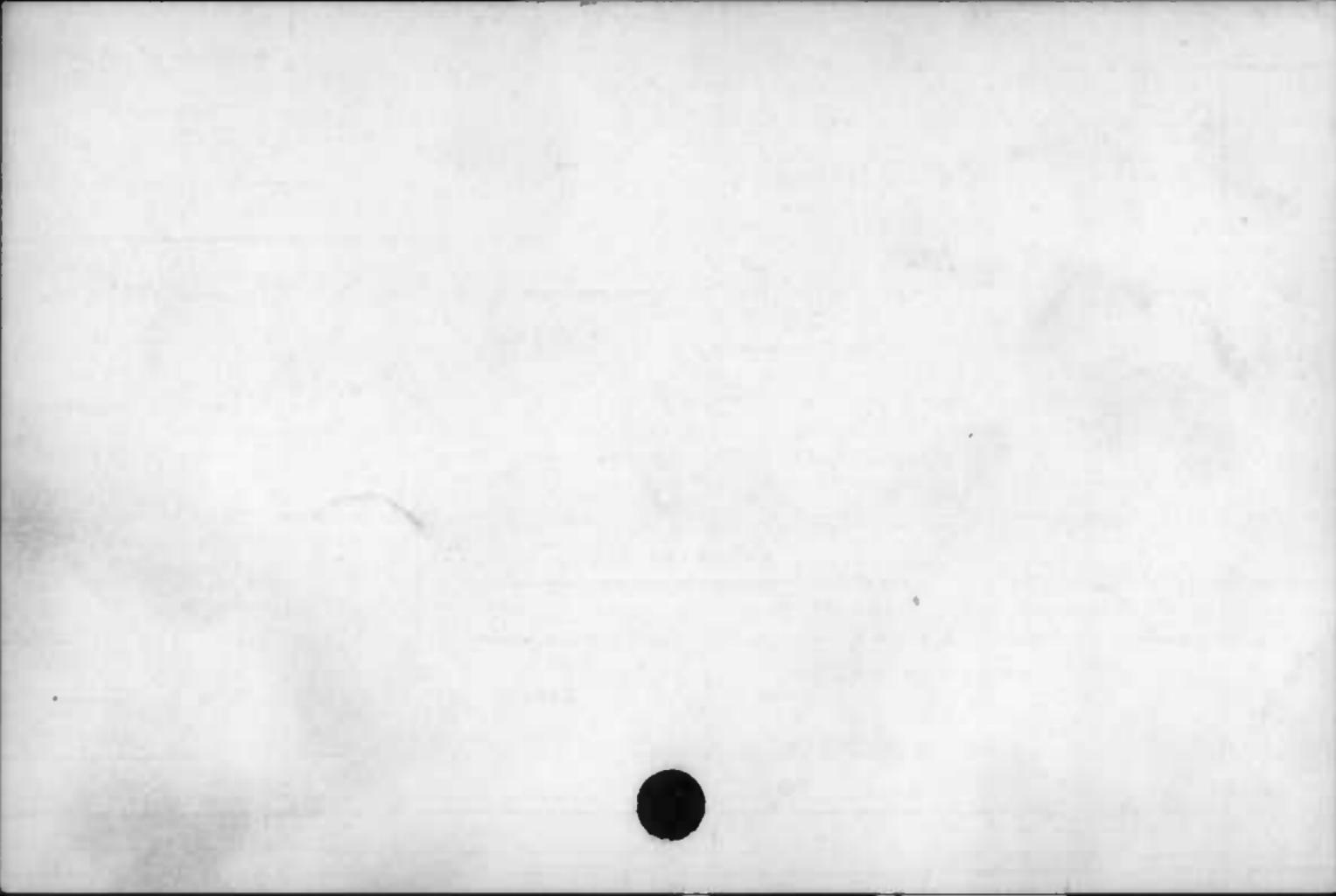
yes

Signature of Physician

Address

William J. Todd
NW Washington Md.

Accident or Suicide?



Name
in
Full

Lloyd J. Daughaday

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Rashburg

County

Baltimore

MARYLAND

Date
of death

1908

Month

12

Day

25

Years

5

Months

11

Days

18

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Rashburg 2nd

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Chas E Daughaday

Father's
Birthplace

Maryland

Mother's
Maiden Name

Grace E Seymour

Mother's
Birthplace

Name of person giving
Information

Chas E Daughaday

How related
to deceased

Father

CAUSES OF DEATH

Primary

Overdose

9

How long

2 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. W. D. Morse
Gardenville
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

Fred Perschahn & Sons

Name
in
Full

John J. Lloelle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Canton

County

Baltimore

MARYLAND

Date
of death

1908

Month

August

Day

25

Years

—

Months

1

Days

7

Sex

Male

Color or
Race

White

Birth-
place

Baltimore,

Occupation

—

Where Residing if not
at place of death

O'Donnell St. & Et

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Geo. J. Lloelle

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Elsie Morris

Mother's
Birthplace

" "

Name of person giving
Information

Geo. J. Lloelle

How related
to deceased

Father

CAUSES OF DEATH

Primary

Broncho Pneumonia
asthma

92.

How long

3 days.

Immediate

How long

1 ..

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

M. J. McAvoy M.D.
839 S. Canton St.

PHYSICIAN
OR CORONER

Accident or Suicide

St Mathews
Herring fm
12/26/08

Name
in
Full

Charles W. Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Pikesville	Baltimore			
Date of death	Month	Day	Years	Months	Days
of death 1908	12	10	76		
Sex	Male	Color or Race	White	Birth-place	Howard Co
Occupation	Farmer			Where Residing if not at place of death	Pikesville
Married, Single or Widowed	Married	Name of Wife or Husband	Do Not Know		
Father's Name	Do Not Know			Father's Birthplace	Do Not Know
Mother's Maiden Name	Do Not Know			Mother's Birthplace	Do Not Know
Name of person giving Information	H. H. Motelos			How related to deceased	None

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Senile Debility

How long

terminal

Immediate

Acute Gastritis

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. H. Motelos
Belair Md

Accident or Suicide?

Jacob H. Knapp
London Park -

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Grace Maria Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Philofolis	Baltimore				
Date of death	Month	Day	Years	Months	Days
1908	12	6	2	5	-
Sex	Female	Color or Race	Black	Birth-place	Philofolis
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Dorothy Dorsey				
Mother's Maiden Name	Sarah Johnson				
Name of person giving information	Sarah Johnson				
CAUSES OF DEATH					
Primary	Acute catarrhal laryngitis				
Immediate	laryngeal stenosis				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			R.W. Williamson M.D.		
			Address		
			Glenview Ind		

88

How long

How long

2 days

am home

Accident or Suicide?

Diamond Chaps
See 9

Name
in
Full

Andrew Doyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Baldo Co.	
Occupation	Boiler Maker			Where Residing if not at place of death		
Married, Single or Widowed	Retired	Name of Wife or Husband	Elijah Dayle	Pikesville		
Father's Name	Michael Doyle			Father's Birthplace	Baltimore City	
Mother's Maiden Name	Elizabeth Heldridge			Mother's Birthplace	Hartford Co	
Name of person giving information	Catherine Bellon			How related to deceased	Lester	

CAUSES OF DEATH

27

How long

Att. & 4 mos.

How long

immediate

PHYSICIAN
OR CORONER

Primary Phthisis Pulmonalis

Immediate Heart Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes -

Signature of Physician

Address

Henry A. Maylor

Pekover

3rd District Maryland

Accident or Suicide?

Jacob H. Kraft
St. John's Church

Name
in
Full

Margaret T Doyle
Texas Balto.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Date
of death

Month

Day

Years

Months

Days

1908

12

20

38

Age

Sex

Color or
RaceBirth-
place

Timonium Md

Occupation

Housewife

Where Residing if not
at place of death

as above

Married, Single
or Widowed

married

Name of Wife or
Husband

Phos. P Doyle

Father's
Name

Patrick Martin

Father's
Birthplace

Ireland

Mother's
Maiden Name

Margaret T Martin

Mother's
Birthplace

Ireland

Name of person giving
Information

Phos P Doyle

How related
to deceased

Husband

CAUSES OF DEATH

27

How long

11 weeks

How long

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. F. B. Bessy

Address

Texas

Accident or Suicide?

No

Eight District Md

Intermediate Texas
Wednesday Dec 23

Mr C Brooks

Name
in
Full

Cecilia J Ebsle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Whit Marsh	County	Baltimore	MARYLAND
Date of death	1908	Month	Dec	Year
		Day	4	Age 25 - Months 10 Days \$
Sax	Female	Color or Race	white	Birth-place Md
Occupation	Haw	Where Residing if not at place of death	—	
Married, Single or Widowed	Single	Name of Wife or Husband	—	
Father's Name	Dominick J Ebsle			Father's Birthplace Germany
Mother's Maiden Name	Ella V. Box 61			Mother's Birthplace Pa
Name of person giving Information	Lorraine Ebsle			How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease

(120)

How long

several months

Immediate

Asthma

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

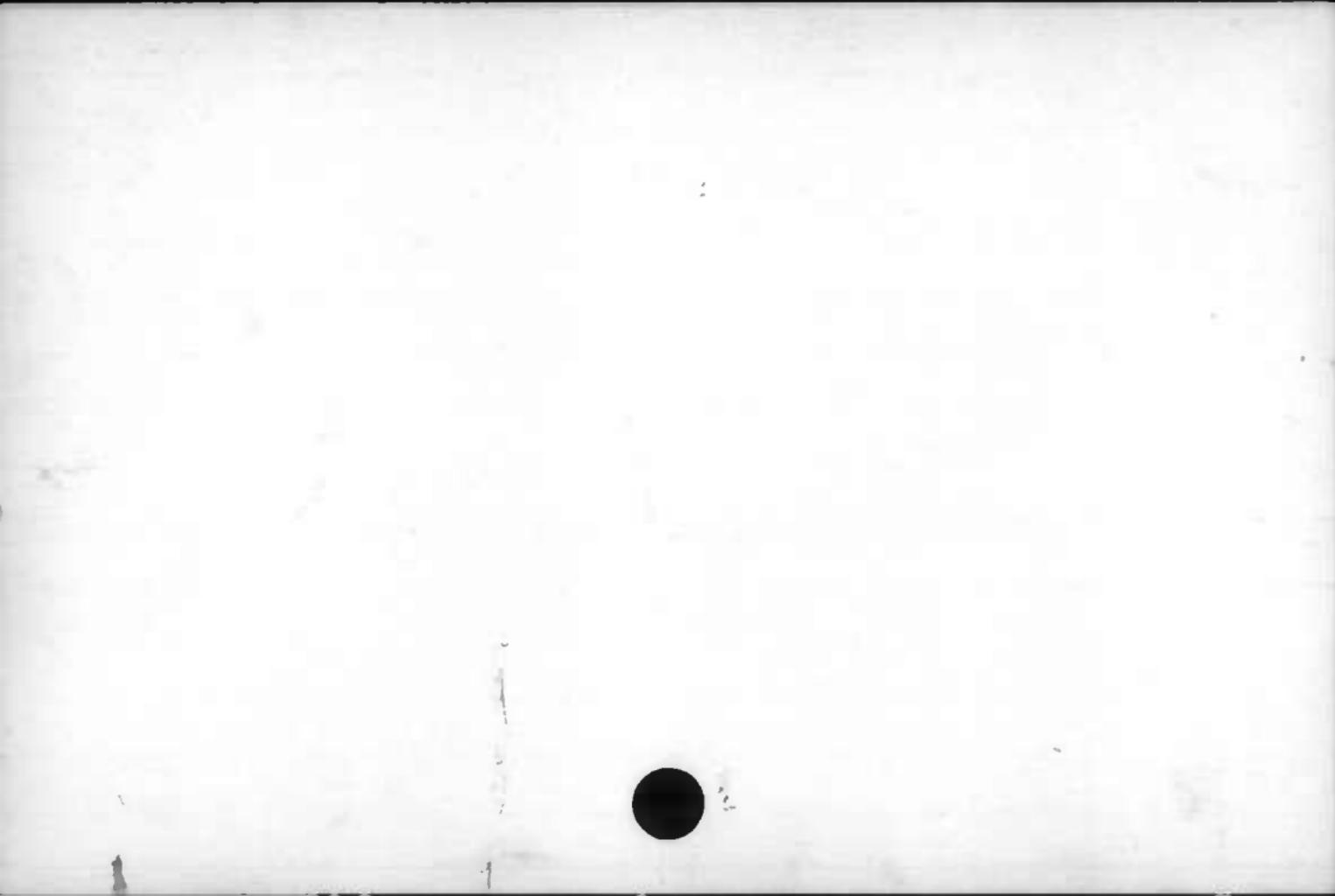
Signature of Physician

Address

Health Station
middle Run Rd

Accident or Suicide

No



Name
in
Full

Henrietta Eichhorne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Peter Eichhorne	
Father's Name	George Coose Father's Birthplace Germany		
Mother's Maiden Name	Dont know Mother's Birthplace Germany		
Name of person giving Information	Edward Eichhorne How related Son		

CAUSES OF DEATH

119

Primary	Bronchitis	How long	2 mos
Immediate	Acute Nephritis	How long	2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A.W. Jones M.D.
3116 O'Donnell St.

Accident or Suicide?

MT Carmel
Herring Gull
12/24/08

Name
in
Full

Aura Marie Ells

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town
Della

County
Baltimore

MARYLAND

Date
of death

1908

Month
Dec

Day
4

Years
78

Months
no

Days
00

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

House Keeper

Where Residing if not
at place of death

Della

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Dead

Bernard Ells

Father's
Name

John A Wolf

Father's
Birthplace

Germany

Mother's
Maiden Name

Christiana Heitz

Mother's
Birthplace

Germany

Name of person giving
Information

Joseph Ells

How related
to deceased

Son

CAUSES OF DEATH

42

How long

2 years

How long

7th Boro
reinc Boro
reinc Boro

PHYSICIAN
OR CORONER

Primary

Cancer of uterus

Immediate

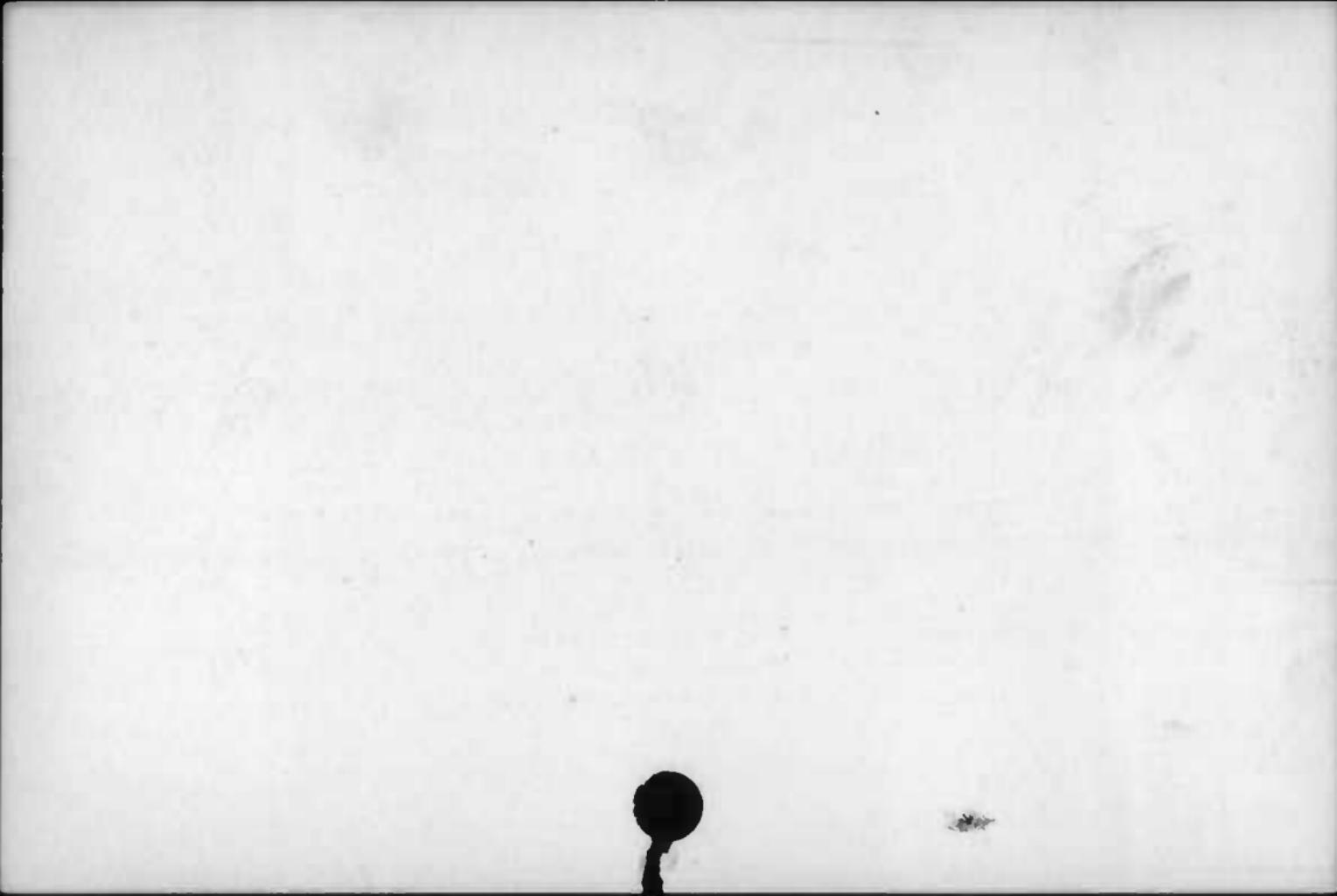
Examination

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Henry John Surick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

1908

Month

Day

Years

Months

Days

8 Dec

28

Age

1

—

Sax

Male

Color or
Race

White

Birth-
place

Baltimore Co.

Occupation

None

Where Residing if not
at place of death

202 Fourth St

Married, Single
or Widowed

Singl

Name of Wife or
Husband

Father's
Name

Henry J. Surick

Father's
Birthplace

City

Mother's
Maiden Name

Lena P.

Mother's
Birthplace

City

Name of person giving
Information

Mrs Lena Surick

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Bronch Pneumonia

92

How long

7 days

How long

Immediata

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

C.W. Alley

3200 Hudson St,

Accident or Suicide

PHYSICIAN
OR CORONER

~~Mount Carmel Dam~~

Oak Sawn Barn

Dec 30th 1908

H Nicolau & Son
1820 Canton Ave

Name
in
Full

Maryard Rosalye Evans

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Stone	Where Residing if not at place of death			Hamilton Balto Co Md
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Arthur C. Evans	Father's Birthplace	Md.		
Mother's Maiden Name	Elizabeth R. Sefter	Mother's Birthplace	Md.		
Name of person giving information	Arthur C. Evans	How related to deceased	Father		

CAUSES OF DEATH

93

Primary Pneumonia
How long about 14 days
Immediate Heart failure
How long a few hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. George L. S. Rogers

Address

Hamilton over Harford Md
Baltimore Co. Md.

Accident or Suicide?

Natural

Dr. Rogers.

Albert E. Fuller
Greenmount Cemetery

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George Feidler

Iowa

Died at Calonsville

County

CERTIFICATE OF DEATH

MARYLAND

Date of death	Month	Day	Years	Months	Days
1908	Sec	7	67	7	-

Sex Male Color or Race White Birth-place Germany

Occupation Farmer Where Residing if not at place of death Calonsville Md

Married, Single
or Widowed

Name of Wife

Husband

Sarah Feidler

Father's Name

John Feidler

Father's Birthplace

Germany

Mother's Maiden Name

Wout no

Mother's Birthplace

Germany

Name of person giving information

Henry Feidler

How related to deceased

Son

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

64

How long

6 Weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

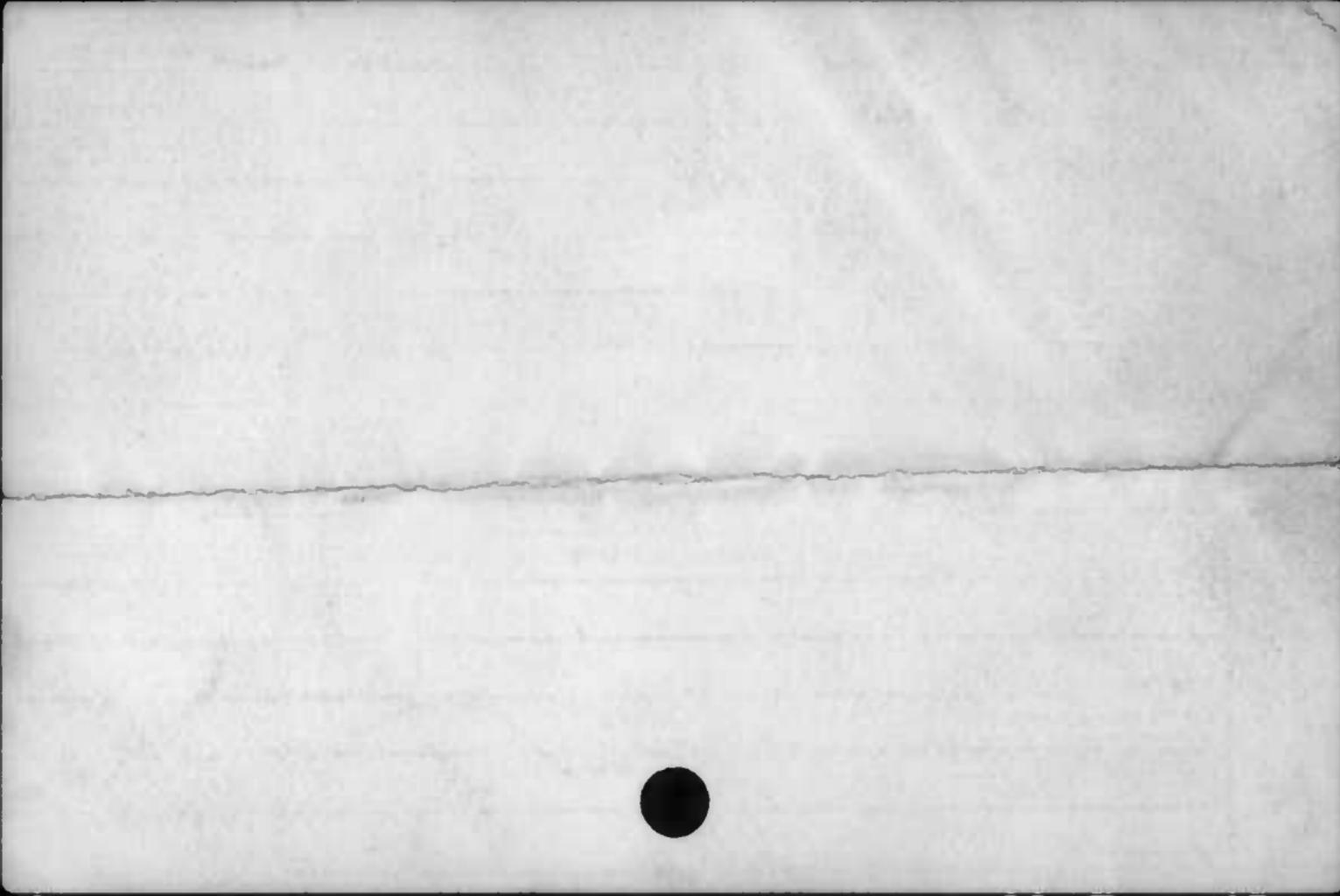
Signature of Physician

R. L. Mauffelt

Address

Calonsville Md

Accident or Suicide?



Name
in
Full

Annie B. Fisher

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at 3227 Phila. Road		Baltimore		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	Dec.	29	57	3	23	
Sex	Female	Color or Race	White	Birth-place	Germany	
Occupation	Housewife		Where Residing if not at place of death	 		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Michael Fisher			
Father's Name	Nikolaus Fisher		Father's Birthplace	Germany		
Mother's Maiden Name	Katherine Adams		Mother's Birthplace	Germany		
Name of person giving Information	Lilly Miller		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Val Disease Heart

79

How long

Immediate

Recovery & Infection

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C. V. O'Leary

Address

Accident or Suicide?

Jan 2/09
Mt Carmel
H. Sander & Sons

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Patrick Flanagan		
Mother's Maiden Name	Unknown	Father's Birthplace	Ireland
Name of person giving information	E. A. Kiddefield	Mother's Birthplace	Unknown
How related to deceased			

CAUSES OF DEATH

166

How long

How long

PHYSICIAN
OR CORONER

Primary

Shock due to being run over by R.R. train

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr W.S. Sudbrook
3326 E Ball St

Accident or Suicide?

E.A. Wadefeld:—
2013 Greenwood Av

To be shipped
to

Texas, Rattan Co.

Jul.

Dec. 17/08

Name
in
Full

Mair Flury

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth- place	Highlandtown
Occupation	Widow		Where Residing if not at place of death	1018 S. Second St.	
Married, Single or Widowed	Singl	Name of Wife or Husband	—		
Father's Name	Mathias Flury		Father's Birthplace	Highlandtown	
Mother's Maiden Name	Mamir Landin		Mother's Birthplace	Balti.	
Name of person giving Information	Mathias Flury		How related to deceased	Father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Broncho-Pneumonia
Immediate
Asthearia.

92

How long

3 days

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Mr. J. McAvoy and
839 S. Canton

Accident or Suicide?

Sacred Heart Cemetery

Dec 7th 08

Lilly and Zeiler
Undertakers

Name
in
Full

George S. Foster

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Gowans	Baltimore					
Date of death 1908	Month Dec	Day 27	Age 77	Years	Months 9	Days 26
Sex Male	Color or Race White			Birthplace Baltimore City		
Occupation Cigar Maker	Where Residing if not at place of death Gowans					
Married, Single or Widowed Widower	Name of Wife or Husband Mary S. Pole					
Father's Name George S. Foster			Father's Birthplace Not known			
Mother's Maiden Name Not known			Mother's Birthplace " "			
Name of person giving information George S. Foster			How related to deceased Son			

CAUSES OF DEATH

154

How long

How long

PHYSICIAN
OR CORONER

Primary

Old age

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Oliver Davis, M.D.
500 Franklin Terrace
Baltimore, Md.

Accident or Suicide?

Zirkler & Zirkler
1339 E. Eager st

Mt. Olivet Cemetery
Dec. 23, 1908

Name
in
Full

Deward E. Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edw. E. Fowler		Father's Birthplace	Baltimore	
Mother's Maiden Name	Laura B. Hamilton		Mother's Birthplace	Baltimore	
Name of person giving information	Edw. E. Fowler		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebro Spinal Meningitis

How long

61

2 weeks

Immediate

Pneumonia

How long
2 days

Are the name, age, sex, color, date and place correctly given above?

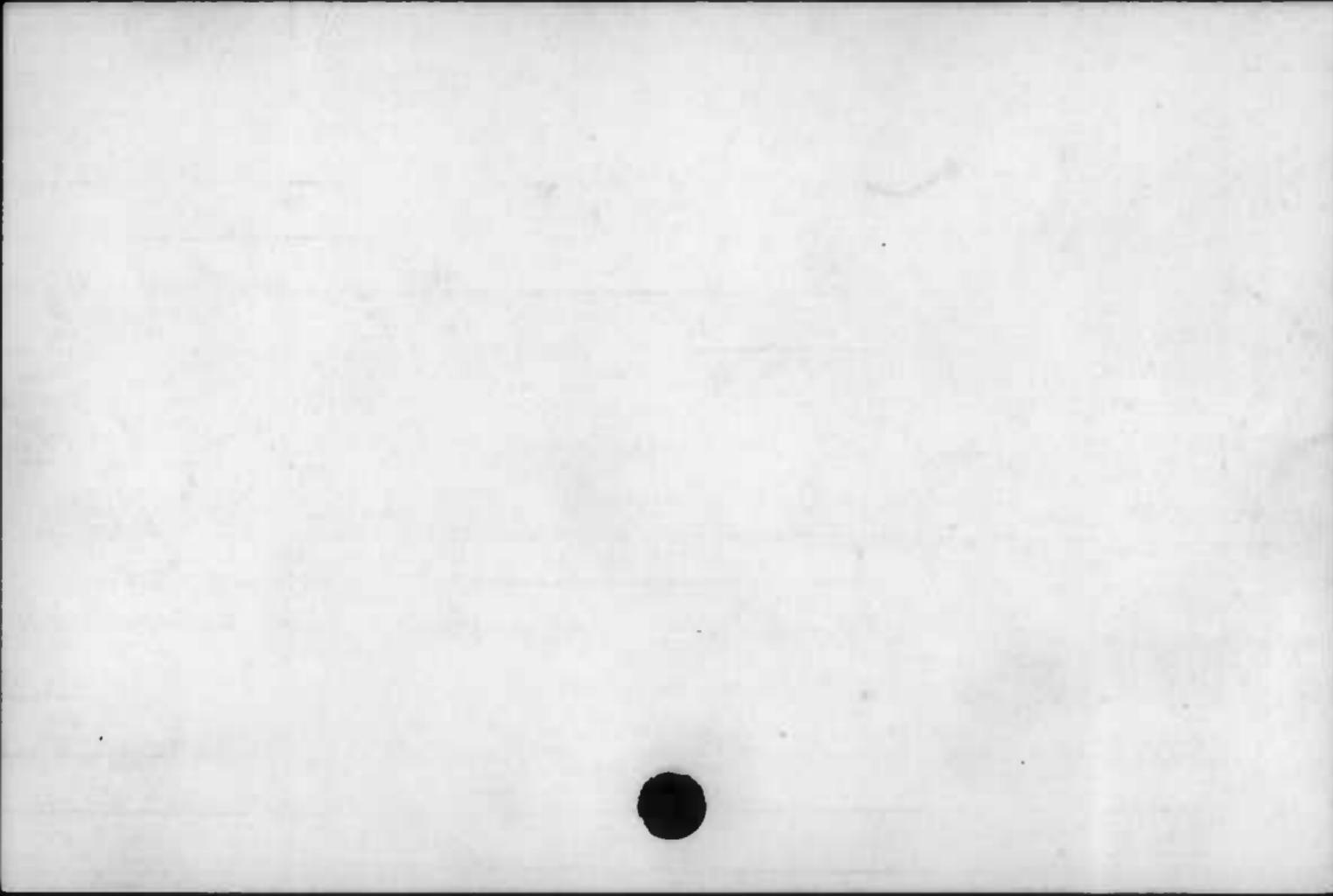
Signature of Physician

Address

Accident or Suicide?

YRS

H. Laud rock
St Agnes Hospital



Name
in
Full

Joseph F. Friedel

CERTIFICATE OF DEATH

TO BE ANSWERED, BY
NEAREST FRIEND

Town Died at	Liberty Pl, Eastern Ave Rd			County	Baltimore Co.	
Date of death	Month	Day	Years	MARYLAND		
1908	12	19	32	—	—	23
Sex	Male	Color of Race	Skirts	Birth- place	Baltimore.	
Occupation	Laborer			Where Residing if not at place of death	Liberty Pl, Eastern Ave Rd	
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Name	Germany	
Father's Name	Joseph Friedel			Mother's Name	Balto.	
Mother's Maiden Name	Margarith Alom			How related to deceased	Father.	
Name of person giving Information	Joseph Friedel					

CAUSES OF DEATH

27

How long

Primary

Tuberculosis

1 year

Immediate

Cachexia or Thenia

4 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W.C. Rollins, M.D.
619 S. Bluff St.
12th District

PHYSICIAN
OR CORONER

Accident or Suicide

Sacred Heart Cemetery

Dec 22nd 08

Lilly and Zeiler,
undertakers

Name
in
Full

Susanna -D. Geist

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Glyndon	Ballo	Months	Days
Date of death	March	Day	—	—
	1908	Dec 18	Age	70
Sex	Female	Color or Race	white	Birth- place
Occupation	House wife	Where Residing if not at place of death	Washington Co	
Married, Single or Widowed	Married	Name of Wife or Husband	Jacob -D. Geist	Father's Birthplace
Father's Name	Paul Trout		washington Co	Mother's Birthplace
Mother's Maiden Name	Susanna Dehoff		washington Co	How related to deceased
Name of person giving Information	Jacob -D. Geist		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

of apoplexy

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

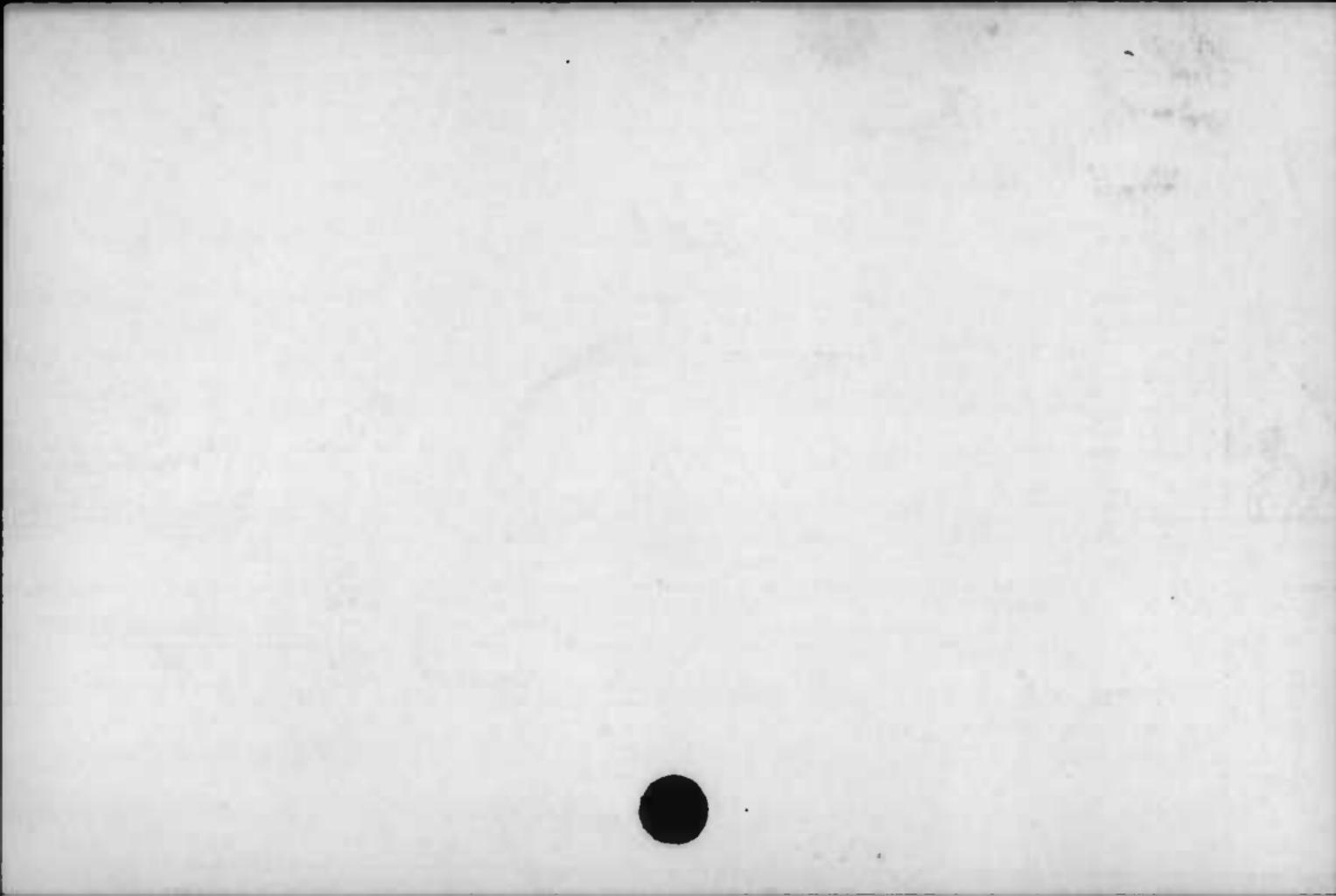
64

How long

12 hours

Accident or Suicide?

no



Name
in
Full

Sarah Gibson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	female	Color or Race	colored	Birth-place	Elkridge	
Occupation	none	Where Residing if not at place of death			Marysville	
Married, Single or Widowed	widowed	Name of Wife or Husband	William Gibson	Father's Birthplace	Eastern Shore	
Father's Name	annie Gibson	Mother's Maiden Name	Clara Thomas	Mother's Birthplace	Eastern shore	
Name of person giving information	Clara Gibson	How related to deceased	daughter			

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary

Burn

How long

6 days

Immediate

Electricity

How long

8 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Roglan

not written

med.

Accident or Suicide

Accident

She was burned by fire from stove
her clothes caught her hair asleep in
chair by stove and was burned from
scalp to knee ~~on~~^{on} side
of body (whole back & arms
burned off).

B. Pye
Amherst

Name
in
Full

William F. Gillespie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Rognel Houghto	Balto		Months	Days
Date of death	Month	Day	Age	59
1908	Dec	24	59	3 6
Sex	Male	Color or Race	white	Birth-place
Occupation	Policeman	Where Residing if not at place of death	Balto Md	
Married, Single or Widewed	Married	Name of Wife or Husband	Adelaide A. Gillespie	
Father's Name	Hamilton Gillespie		Father's Birthplace	Ireland
Mother's Maiden Name	Elizabeth Laurey		Mothar's Birthplace	England
Name of person giving Information	Mo Adelaide A. Gillespie		How related to deceased	Wife

CAUSES OF DEATH

40

How long

5 months

How long

Primary

Carcinoma of stomach

Immediate

Exsanguination, Heart failure, 2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Rev. Nichols

30 N. Franklin Ave.
Balto.

PHYSICIAN
OR CORONER

Accident or Suicide

London Park Co.
Jos. B. Cook
Undertaker

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sosnow Goebel

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death	1908 Dec	Month	Day	Years	Months Days
Sex	Male	Color or Race	White	Birth-place	Gummary
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	Regina Goebel	Groveland's Deacon Dr	
Father's Name	Leopold	Sosman Goebel			
Mother's Maiden Name	Leopold	Germany			
Name of person giving information	Oscar Rothschild	Father's Birthplace	Germany		
		Mother's Birthplace	Germany		
		How related to deceased	Daughter		

CAUSES OF DEATH

(40)

Hospital

40 days

6 days

How long

Primary

Cancer of Stomach

Immediate

Starvation

Are the name, age, sex, color, date and place correctly given above?

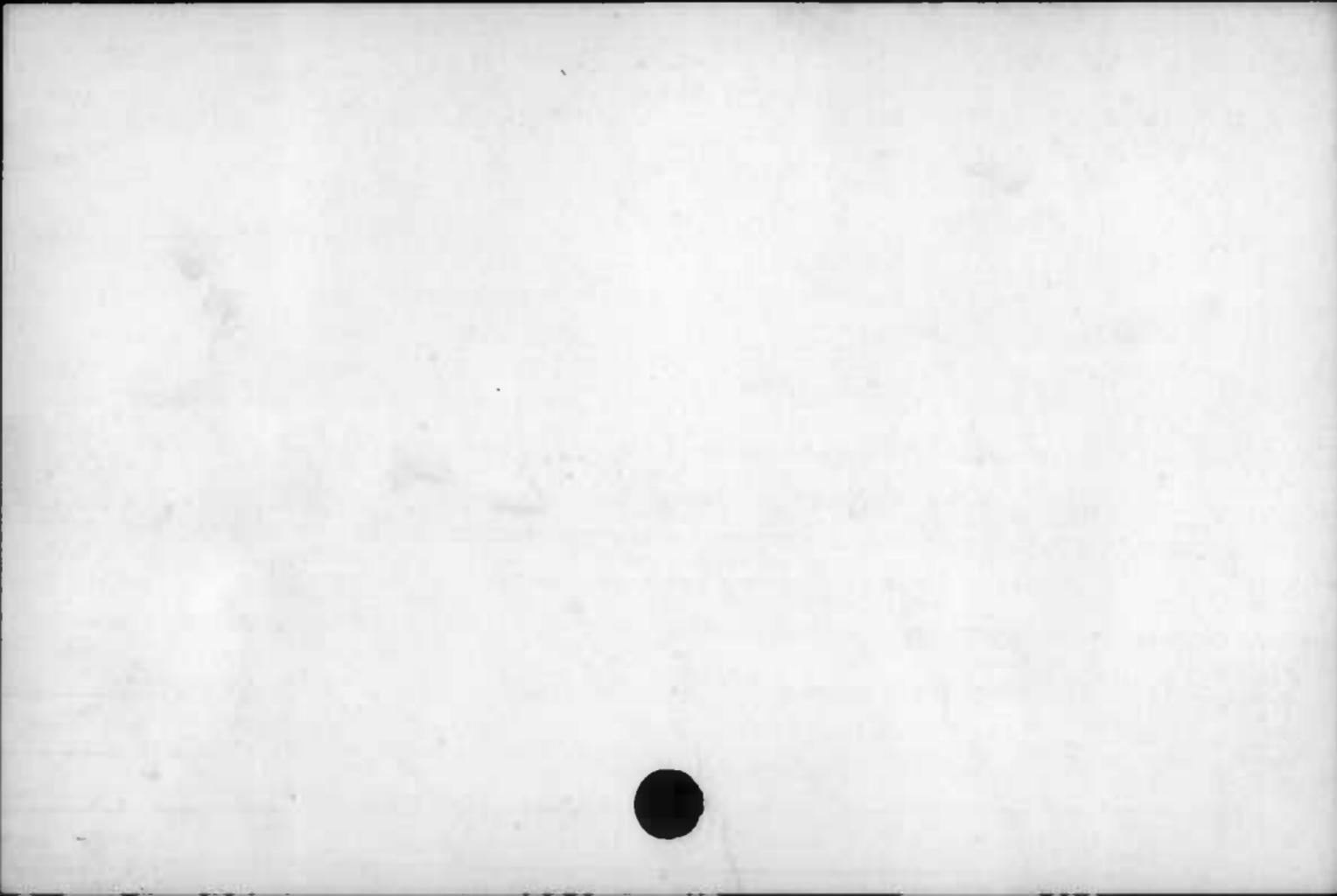
Yes

Signature of Physician

Address

Frank M. Gummen and
322 of Greene
Baltimore Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hightlandtts, Baltimore Town Baltimore County
Date of death 1908 Month 12 Day 3 Years Age Months Days
Sex Male. Color or Race White Birth-place Hightlandtts
Occupation Where Residing if not at place of death
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name Bernard Goetzinger Father's Birthplace Balto. Md.
Mother's Maiden Name Mary Herbst Mother's Birthplace " "
Name of person giving Information Bernard Goetzinger How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

151

How long

5 days

Immediate

Spasms. Asphyxia

How long

One hour

Are the name, age, sex, color, date and place correctly given above?

yes,

Signature of Physician

Address

W.C. McElvahan M.D.
619 S. Clinton St.

Accident or Suicide

Martin
Wendell Dippel & Son

St. Alphonsus Cemetery
Dec 3/08.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Matilda Gordon

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	12	29	76	—	—	
Sex	Color or Race	Birth-place				
Female	White	Maryland				
Occupation	Where Residing if not at place of death					
Housewife	Randalstown					
Married, Single or Widowed	Name of Wife or Husband					
Married	Wm N. Gordon					
Father's Name	W. B. Carp	Father's Birthplace				
Mother's Maiden Name	Randie Bond	Md.				
Name of person giving information	Wm Gordon	Mother's Birthplace				
		Md.				
		How related to deceased				
		Son				

CAUSES OF DEATH

79

How long

1 year

7 days

Primary

Ante Rigore.

Immediate

Cardiac Dist.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Wm 2 Bupperot

Address

Roslyn

Accident or Suicide?

Burg at Mt. C. Live

J. H. Kreft

Wudentotter

Name
in
Full

Isaiah Graham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

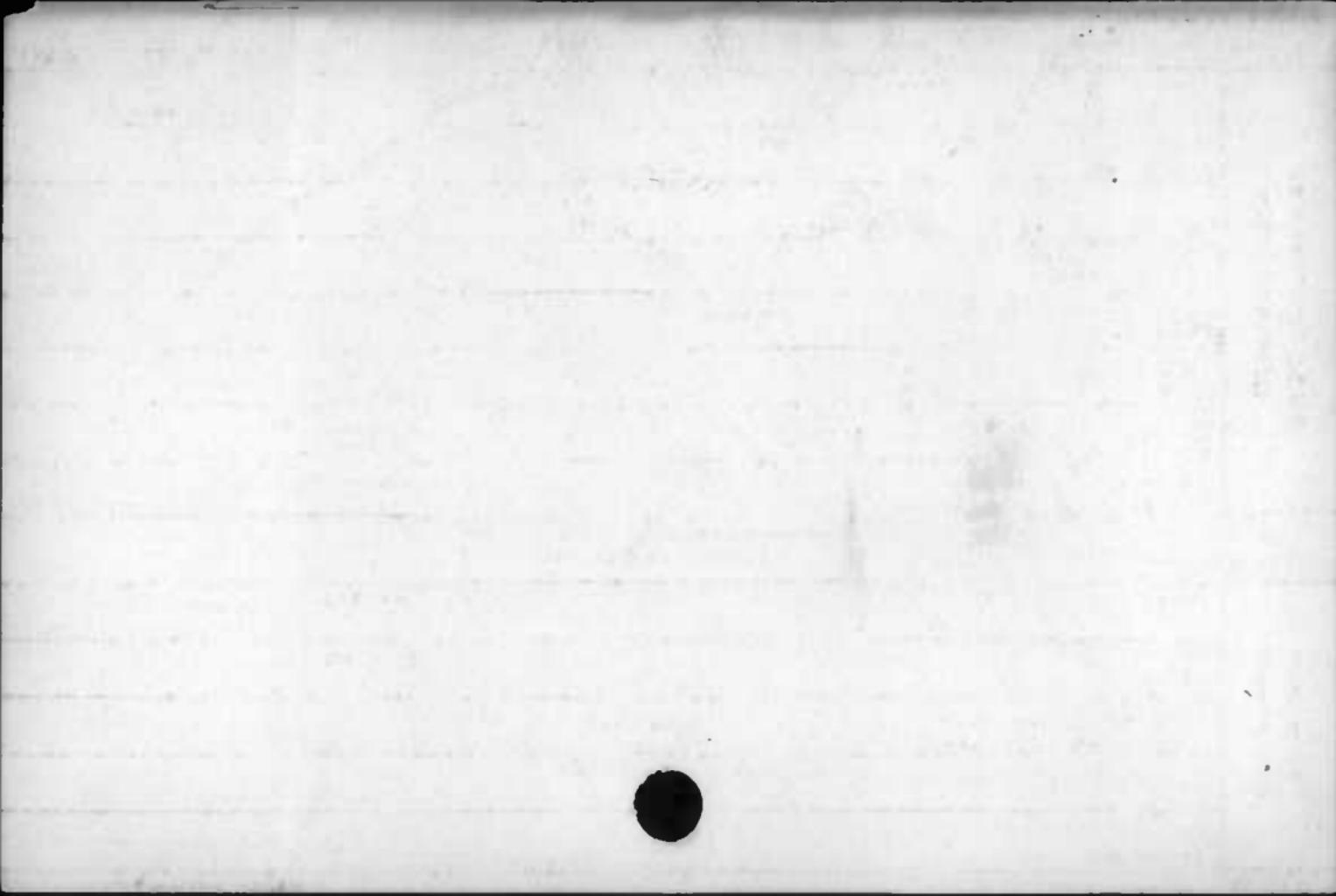
PHYSICIAN
OR CORONER

Died at <u>Pikesville</u>		Town <u>Baltimore</u> County <u>Maryland</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>12</u>	Day <u>4</u>	Age <u>70</u>	Years _____	Months _____ Days _____
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Virginia</u>			
Occupation <u>Salesman</u>		Where Residing if not at place of death <u>Pikesville</u>			
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Do not know</u>				
Father's Name <u>Do not know</u>	Father's Birthplace <u>Do not know</u>				
Mother's Maiden Name <u>Do not know</u>	Mother's Birthplace <u>Do not know</u>				
Name of person giving information <u>H. H. Mathews</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

79

Primary <u>Cardiac Dilatation</u>	How long <u>some years</u>
Immediate <u>Pneumonia</u>	How long <u>few days -</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. H. Mathews</u>
	Address <u>St. Agnes Hospital</u>
Accident or Suicide?	



Name
in
Full

Gustave Groth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	City
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	711 S Ann St				
Father's Name	Henry Groth				
Mother's Maiden Name	Catherine Groth				
Name of person giving information	Fred Groth				

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	Cirrhosis Liver		How long
Immediate	Embolism + edema		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	do N. Blay
		Address	3200 Hudson st
Accident or Suicide?			

St Mathia Dem

Dec 22 1908

P. Nicolau & Son

1820 Canton Ave

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John H. Grove
Parkton Town
Balt. County

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Months	Days
Date of death	1908	12	10	15-	16
Sex	Male	Color or Race	white	Birth-place	Pa
Occupation	Labourer	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	John H. Grove				
Mother's Maiden Name	Ellen Miller				
Name of person giving Information	John H. Grove				

CAUSES OF DEATH

1

How long

2 weeks

How long

3 days

Primary

Typhoid Fever

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

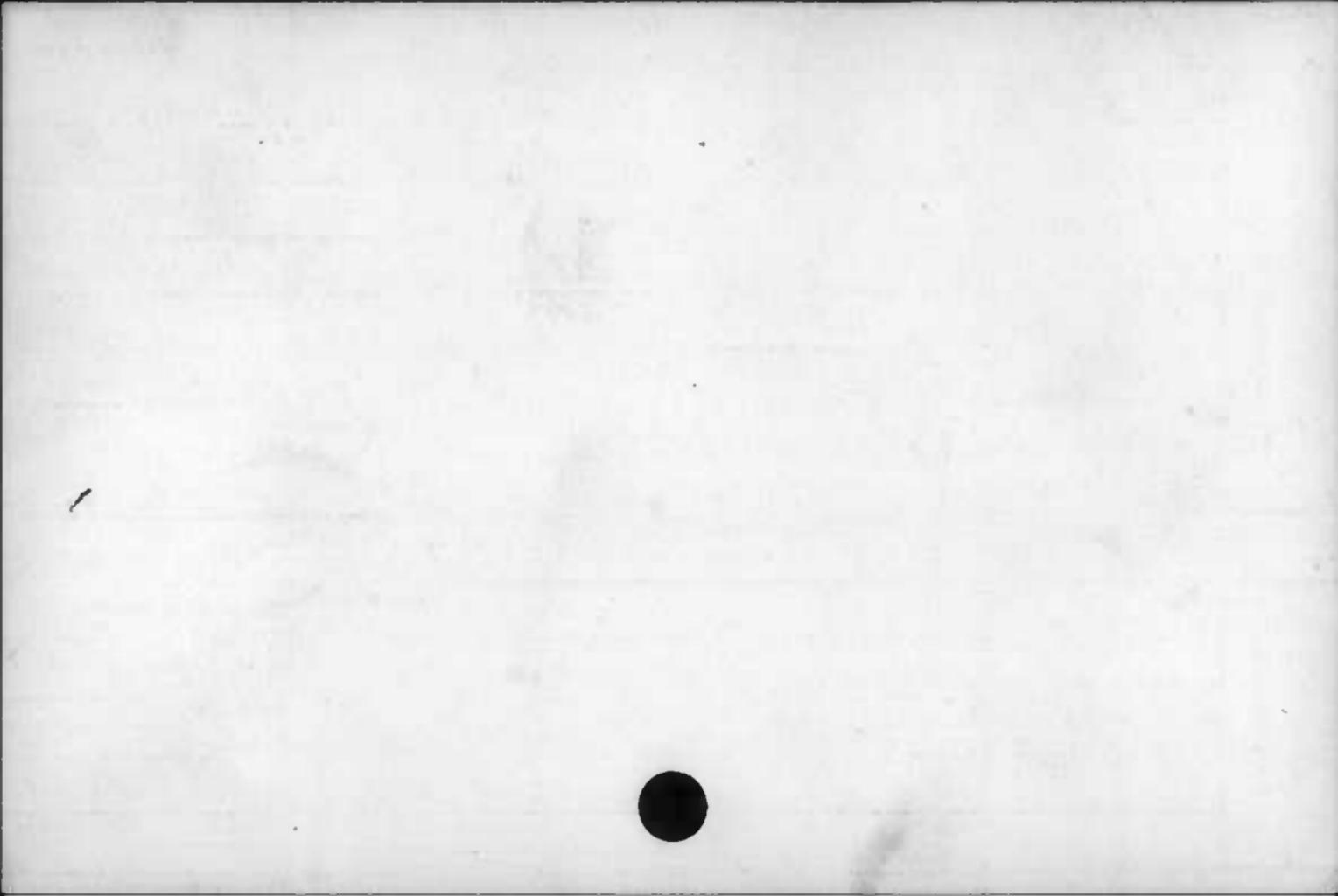
R. R. Kozie

Address

Parkton

Md.

Accident or Suicide



Name
in
Full

Dorahka Handy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Roland Park		Town Baltimore		County Baltimore		MARYLAND	
Date of death	1908	Month Dec	Day 21	Years —	Months —	Days 23	
Sex Female	Color or Race Black			Birth-place Roland Park Md.			
Occupation —	Where Residing if not at place of death Roland Park						
Married, Single or Widowed Single	Name of Wife or Husband —			Father's Name George Handy	Father's Birthplace Maryland		
Mother's Maiden Name Ruth Jackson					Mother's Birthplace P. G. Co., Md		
Name of person giving information Ruth Handy					How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Marasmus	1	How long 2 weeks-
Immediate Convalescence	1	How long Immediate
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician M. G. Porter	
	Address Roland Park Md.	
Accident or Suicide? No		

A S Marshall
3539 Fall Road
St Mary's Covington
Dec 22-1988

Name
in
Full

Edwin Cleo Harmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing If not at place of death			Arlington	
Married, Single or Widowed	Name of Wife or Husband			Maryland	
Father's Name	Edwin L Harmon			Father's Birthplace	Maryland
Mother's Maiden Name	Lily Lucy Williams			Mother's Birthplace	Maryland
Name of person giving information	R. A. Hasadoff			How related to deceased	Father
CAUSES OF DEATH					
Primary	Cause of death not known			How long	1 day
Immediate	Because symptomatic intervals and died in one of the attacks of syncope			How long	1 day

PHYSICIAN
OR CORONER

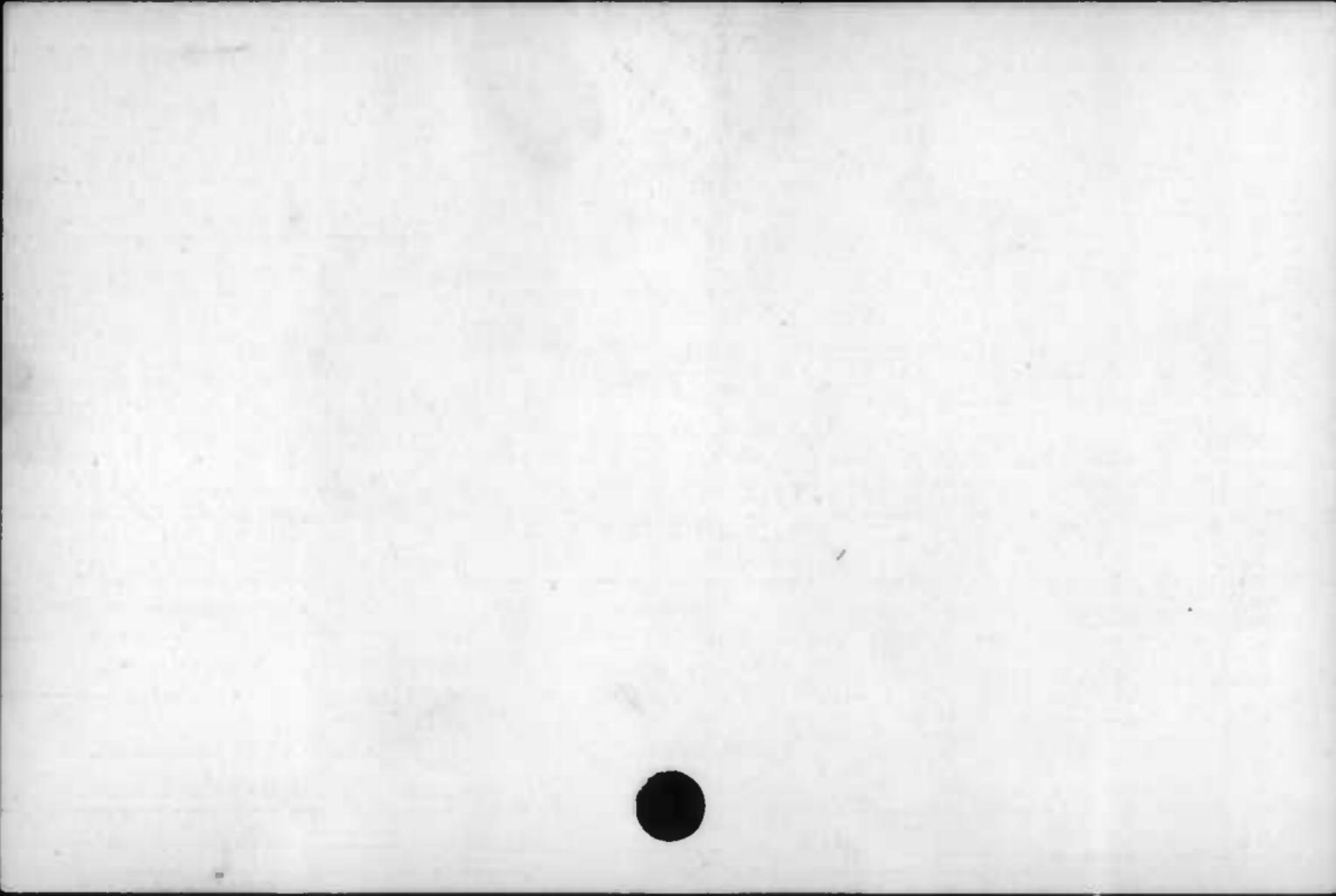
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. E. City. 3

ACCIDENT



Name
in
Full

Lily May Norman Ballou

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Maryland,		
Occupation	Where Residing if not at place of death			Arlington, Md.	
Married, Single or Widowed	Name of Husband	Ellen L. Norman			
Father's Name	Alexander Williams			Father's Birthplace	Maryland
Mother's Maiden Name	Ellen E. Longley			Mother's Birthplace	Maryland,
Name of person giving information	James E. Williams			How related to deceased	Braeton

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphritis

120

How long

Not known

Immediate

Eclampsia

6 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

St. Padre de Sales
Station C, City 3

Accident or suicide?



Name
in
Full

John L. Hoggatt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN,
OR CORONER

Town	County	MARYLAND			
Died at <u>Foolland</u>	<u>Baltimore</u>				
Date of death <u>1908</u>	Month <u>Dec.</u>	Day <u>23</u>	Years <u>64</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Former —</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Susan Hoggatt & Agnes</u>				
Father's Name <u>Don't Know</u>	Father's Birthplace <u>Don't Know</u>				
Mother's Maiden Name <u>- Tate</u>	Mother's Birthplace <u>Irish (born)</u>				
Name of person giving Information <u>Grace McLean</u>	How related to deceased <u>Niece</u>				
CAUSES OF DEATH					
Primary <u>Apt. place of f. & cause in case of death</u>	How long <u>56</u>				
Immediate <u>Apt. place of f. & cause in case of death</u>	How long <u>six hours</u>				

Are the name, age, sex, color, date
and place correctly given above?

Coroner's Signature -
J. M. B. Williams

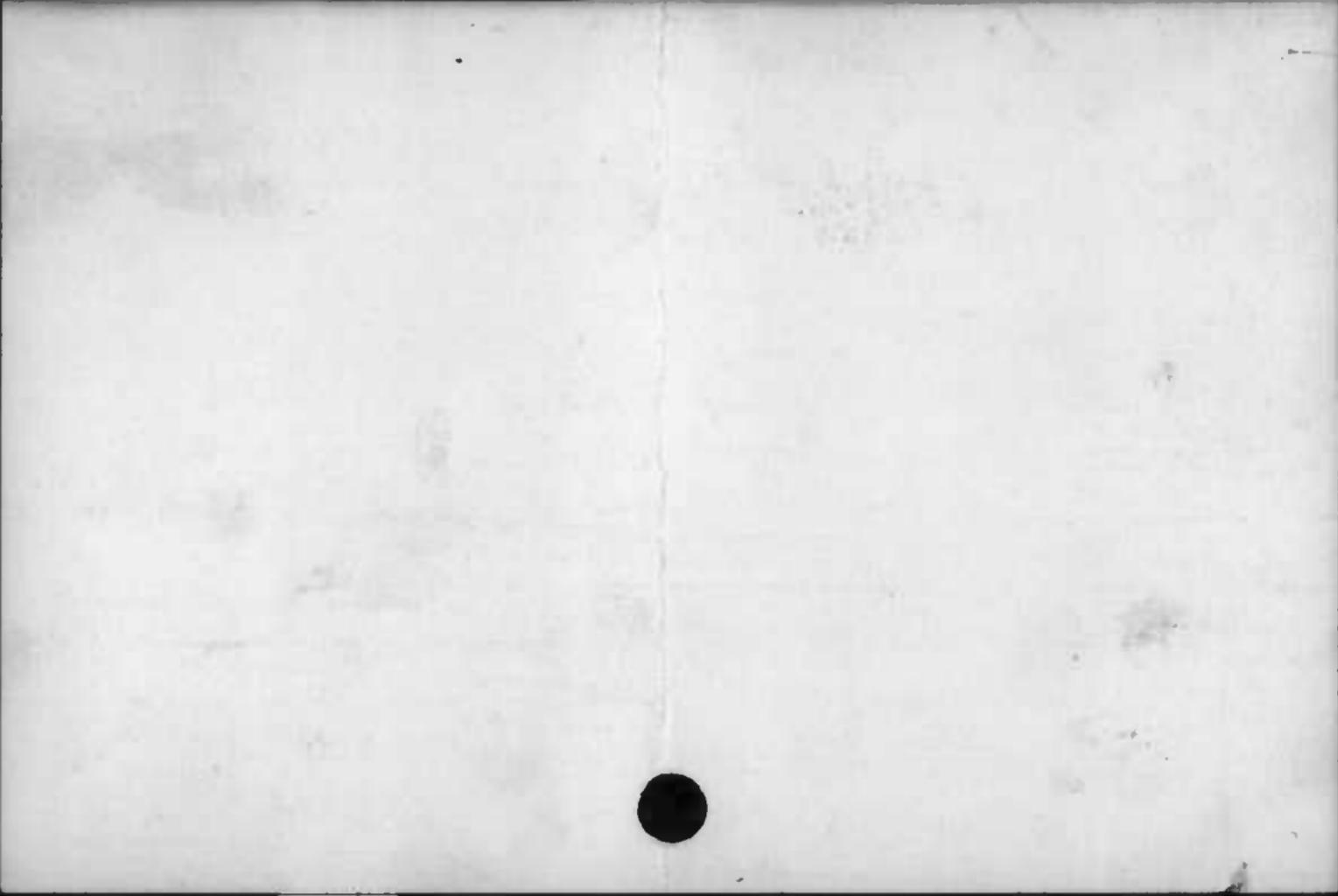
Is it a Suicide?

Col. P.

Signature of
Physician

Address

Joseph J. Baldwin M.D.
Foolland, Md.
b
Md



Name
in
Full

Anna. Kate Koeflick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Campbell R. Koeflick			Father's Birthplace	Baltimore Co
Mother's Maiden Name	Anna Head			Mother's Birthplace	" city "
Name of person giving information	J. Campbell Koeflick			How related to deceased	Father

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary

"Cerebral Paralysis" Infantile

How long

8 months

Immediate

Coma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

J. Chat Huacurí
Calomarivis

Accident or Suicide?

George Smith & Company
London Park

Name
In
Full

Louisa Rose Herget

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	White	Birth-place	Balto. Co.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	3409 Foster Ave			
Father's Name	Balto. Co.				
Mother's Maiden Name	Balto. Co.				
Name of person giving information	How related to deceased				

Single —

Valentin Herget Balto. Co.

Laura Schmidt Balto. Co.

Valentin Herget Father

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary

Hepular Pneumonia

How long

3 days

Immediate

Emphysema

How long

1/2 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. F. A. Glantz
324, Eastern Ave.

Address

Accident or Suicide?

Sacred Heart Cemetery
Dec 10 \approx 1908

Lilly and Zeiler
Undertakers

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1908	December	22	60 x x
Sex	Female	Color or Race	white Birth-place
Occupation	None	Where Residing if not at place of death	Germany - old Hospital for lame
Married, Single or Widowed	Single	Name of Wife or Husband	x
Father's Name	Levi Herzog	Father's Birthplace	Germany
Mother's Maiden Name	Eva Rose	Mother's Birthplace	"
Name of person giving information	Mack Herzog.	How related to deceased	Brother

CAUSES OF DEATH

79

Primary

Uterine Fibroma

How long

5 years -

Immediate

Fatty degeneration of heart

How long

1 year

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

J. Percy Wade MD -
Catoonsville, Md.PHYSICIAN
OR CORONER

Accident or Suicide?

No.

J. Ahrens & Sons
Falls Point
Baltimore Md

Dr. M. Lee

Name
in
Full

William Nevitt Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Sheppard and Town Died at Enoch Pratt Hospital Town Baltimore County			MARYLAND		
Date of death 1908	Month Decr	Day 25	Years 51	Months —	Days —
Sex Male	Color or Race White	Birth-place Baltimore			
Occupation Physician	Where Residing if not at place of death Baltimore				
Married, Single or Widowed Widower	Name of Wife or Husband Deceased				
Father's Name William Hill	Father's Birthplace Ireland				
Mother's Maiden Name Jane Woodside	Mother's Birthplace Ireland				
Name of person giving Information E. W. Bush	How related to deceased Physician				

CAUSES OF DEATH

74

How long

1 1/2 yrs.

How long

2 weeks

Primary Brain tumor, Hydrocephalus.

Immediate Exhaustion,

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Edmund St. Bush
Sheppard & Enoch Pratt
Hospital
Towson Baltimore Md

Accident or Suicide?

No

John B. Spence

Baltimore Cemetery

Name
in
Full

Margilda Hobbs

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	Dec	29	86	no	no	
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	House Keeper	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Husband	(Dead) Lot Hobbs	Thistler		
Father's Name	Lot Hobbs	Father's Birthplace	Maryland			
Mother's Maiden Name	Don't Know	Mother's Birthplace	Don't Know			
Name of person giving information	Mary Hobbs	How related to deceased	Daughter			

CAUSES OF DEATH

154

How long

4 to 5 yrs

How long

4 to 5 yrs

PHYSICIAN
OR CORONER

Primary

Senility

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

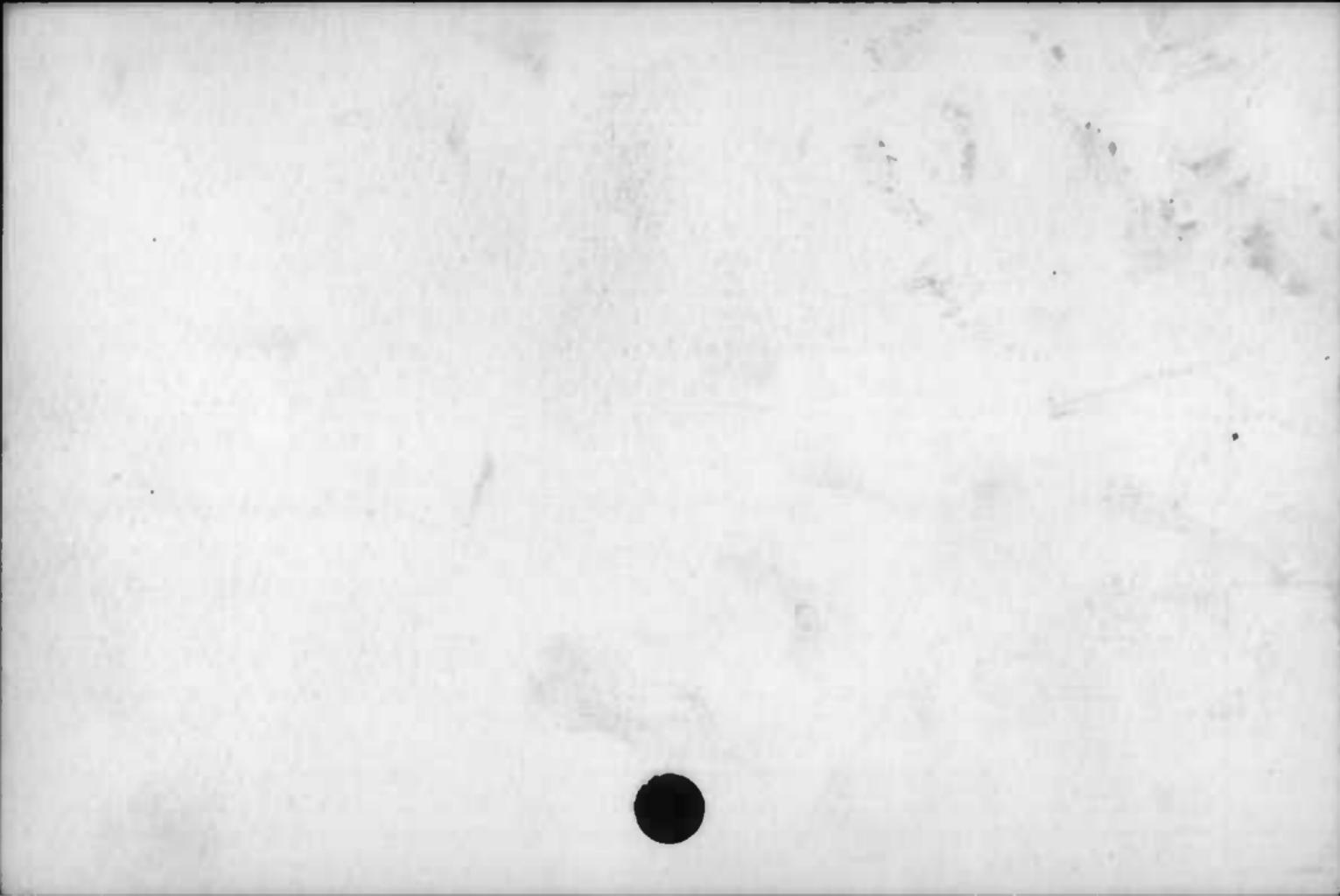
Signature of Physician

Dr. B. Gambill

Address

Ellicott City, Md

Accident or Suicide?



Name
in
Full

Stephen G Hogan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Cella	Balto				
Date of death	Month	Day	Years	Months	Days	
1908	Dec	20	88	—	3	
Sex	Color or Race	Where Residing if not at place of death				
Male	white	Maryland				
Occupation	Retired					
Married, Single or Widowed	Name of Wife or Husband	Margaret J. Hogan				
Father's Name	Stephen Hogan					
Mother's Maiden Name	not known					
Name of person giving Information	E. Marion Weeks					
CAUSES OF DEATH						
Primary	Old age					
Immediate	Bronchial affection					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long		
Yes		Thomas Boring		4 years		
				1 year		

PHYSICIAN
OR CORONER

Accident or Suicide?

154

How long

4 years

How long

1 year

Address

Elliott City Md



Name
in
Full

Harriet Amanda Hooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Gardenville	Balt.		0	7	
Date of death	Month	Day	Years	Months	Days
1908	12	14	81	0	7
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
F	W	James Hooper	Md. (Kent Co.)		
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Married, Single or Widowed	James Hooper				
Father's Name	Greenwood	Father's Birthplace	Kent Co., Md.		
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown.		
Name of person giving information	Joe. P. Swegler Jr	How related to deceased	not related.		

CAUSES OF DEATH

Primary	Cerebral Hemorrhage		64	How long
Immediate	Pulmonary Oedema		2 weeks.	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. L. Wilkison.	
		Address	Raspeburg, Md.	
Accident or Suicide?	neither.			

PHYSICIAN
OR CORONER

Geo. Smith

Loudon Park

Name
in
Full

Wm J. Horner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Died at	Highlandtown	Baldo				
Date of death	1908	Month 12	Day 16	Years —	Months 4	Days —
Sex	Male	Color or Race	White	Birth-place	Baldo Co.	
Occupation	none	Where Residing if not at place of death			3411 Levering Pl.	
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Name	Henry Horner	
Father's Name	Henry Horner			Father's Birthplace	Penns	
Mother's Maiden Name	Margaret Butledge			Mother's Birthplace	" "	
Name of person giving Information	Henry Horner			How related to deceased	Father	
CAUSES OF DEATH						
Primary	Malaria			179	How long 2 mos.	
Immediate	Convulsions			179	How long 1 hour	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. S. Duder Jr.
3336 E. 15th St. Bldg. 55

Accident or Suicide

Trinity Sem.

J. Kernig & Son
12/18/08

Name
in
Full

Sarah Ann Hostall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	72	6	5		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	House Wife Jesse Hostall					
Father's Name	Daniel Brold					Father's Birthplace	Md
Mother's Maiden Name	Eliza Kidd					Mother's Birthplace	Md
Name of person giving information	Marine Gore					How related to deceased	Daughter
CAUSES OF DEATH						114	

Primary

Stress of Liver

How long

About 2 years

Immediate

Incurable Appendicitis

How long

Three weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

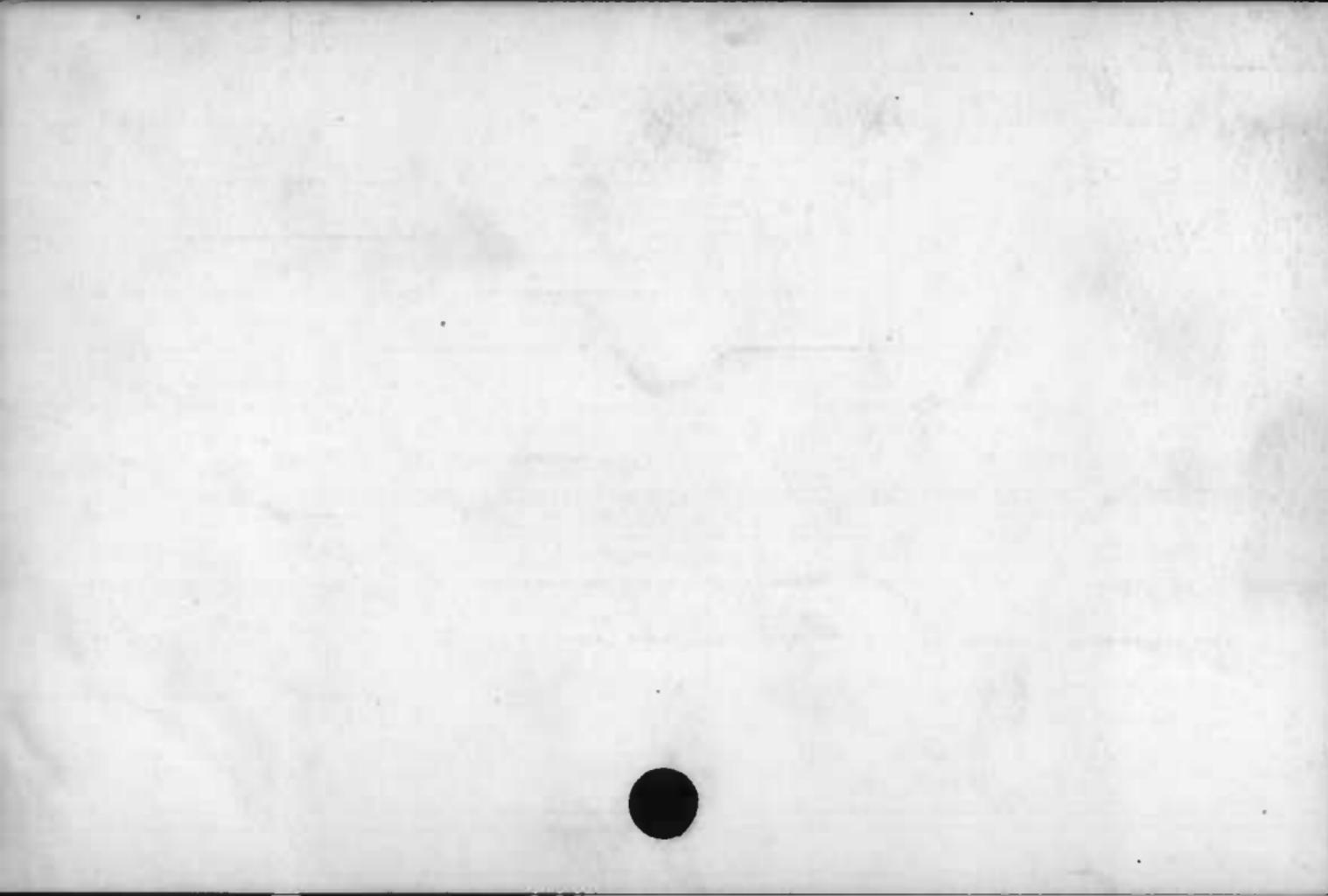
E.C.Hayde, M.D.

Barkton,

Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
In
Full

Katherine Browne Howard.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
1908	Month	Baltimore	9	Months	17 Days	
Date of death	Day	Years				
Sex	Color or Race	Age	Female	white	42	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Housewife Benjamin Chew Howard				
Father's Name	John Ward Browne					Father's Birthplace Baltimore City
Mother's Maiden Name	Mary Catherine Quoings					Mother's Birthplace Baltimore City
Name of person giving Information	Arthur Lee Browne					How related to deceased Brother

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary Carcinoma of Breast

Immediate Irritation resulting from the above

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Wm Limerick M.D.,
1300 Eastern Avenue

Address

Accident or Suicide?

Neither

Henry H. Jenkins & Sons Co

Greenmount Cem

Dec 1908

Name
in
Full

Lula Jane Isaac

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Died at 3500 E. Lombard St		County	Baltimore	
Date of death	Month	Day	Years	Months	Days
1908	Dec.	19 th	Age	1	17
Sex	Female	Color or Race	White	Birth-place	Baltimore
Occupation	At place of death				
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	Name of Wife or Husband				
Mother's Maiden Name	Father's Birthplace				
Name of person giving Information	Mother's Birthplace				
	How related to deceased				

John Isaac

Lula Seward

Mrs Lula Isaac

England

Virginia

Mother

CAUSES OF DEATH

61

How long

4 weeks

Meningitis

convulsions

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. Wagner
325 Highland Av.

Accident or Suicide

No

J. C. Schuh & Son,
3415 E. Balto. St.

Oak Lawn Cemetery
Dec. 22nd, 108.

Name
in
Full

Geo. J. Janssen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Hightlandtown	Balto				
Date of death	Month	Day	Years	Months	Deys
1908	12	25	Age	8	
Sex	Color or Race	Birth-place			
Male	White	Balto, Co.			
Occupation	Where Residing if not et place of death	4024 Eastern Ave			
none					
Married, Single or Widewed	Name of Wife or Husband				
Father's Name	Geo. J. Janssen	Father's Birthplace	Baltimore,		
Mother's Maiden Name	Elizabeth Fischbach	Mother's Birthplace	"		
Name of person giving Information	Geo. J. Janssen	How related to deceased	Father		

CAUSES OF DEATH

(61)

Primary

Spirinal meningitis

7 weeks

Immediate

convulsions

6 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. F. A. Glantz
324, Eastern Ave.

Address

Accident or Suicide

PHYSICIAN
OR CORONER

Oak Lamm

Hennig Jr

12 Feb 08

Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hanson

Jones

CERTIFICATE OF DEATH

Died at Reisterstown

Town

County

MARYLAND

Date of death 1908 Month Dec Day 31

Age 64 Years

Months

Days

Sex Male

Color or Race

Birth-place

Baltimore Co. Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Married Annie F. Jones

Father's Name

McKersom

Father's Birthplace

Unknown

Mother's Maiden Name

McKersom

Mother's Birthplace

Unknown

Name of person giving
Information

Annie Jones

How related
to deceased

Wife

CAUSES OF DEATH

120

Primary

Chronic Intestinal Nephritis

How long

18 mos.

Immediate

Cardiac Failure

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. M. Slade

Reisterstown

Accident or Suicide?



Name
in
Full

Mae Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	St Helena		County	Baltimore		MARYLAND
Date of death	1908	Month Dec.	Day 5	Years 23	Months 6	Days 5
Sex	Female	Color or Race	White	Birth-place	New York	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Husband	Thomas R. Jones	Father's Birthplace	Penn.	
Father's Name	James H. Denton		Mary E. Grant	Mother's Birthplace	New York	
Mother's Maiden Name	Mary E. Grant		Ross. S. Denton	How related to deceased	Brother	
Name of person giving information						

CAUSES OF DEATH

138

Primary

Hepatal Eclampsia

How long

1 day

Immediate

Pulmonary Edema

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G. McCormick MD
Sparrows Point
Md. 1st

Accident or Suicide?

No

Mt Carmel
Dec 8/08
H. Sander & Son

Name
in
Full

James Kearns
Baltimore Co. Alushouse

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town			County	MARYLAND				
Date of death	1908	Month	12	Day	16	Years	61	Months	Days
Sex	Male	Color or Race	White	Birth-place	Ireland				
Occupation	Laborer			Where Residing if not at place of death	as above				
Married, Single or Widowed	Unknown	Name of Wife or Husband	Unknown	Father's Birthplace	Unknown				
Father's Name	Unknown			Mother's Birthplace	Unknown				
Mother's Maiden Name	Unknown			How related to deceased	Unknown				
Name of person giving information	Alushouse Register			27					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis			How long	For Years	
Immediate	Dilatation of heart			How long		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. J. C. Bussey			
		Address	Texas f Md			
Accident or Suicide?	No					

G. L. Harley
Driver for Anatomical
Board
for Anatomy Board

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Blake Kendall						CERTIFICATE OF DEATH	
Died at	Sheppard & Enoch Pratt Hospital Towson		County	Baltimore			MARYLAND
Date of death	Month	Day	Years	Age	50	Months	Days
Sex	Male	Color or Race	White	Birthplace	Baltimore & part America (1851)		
Occupation	Merchant (hardware)			Where Residing if not at place of death	Washington DC		
Married, Single or Widowed	Married	Name of Wife or Husband	Mr D (Drooker) Kendall	Father's Name	Unknown		
Mother's Maiden Name	Unknown	Father's Birthplace	Unknown			Mother's Birthplace	"
Name of person giving Information	Edw Drush	How related to deceased				Physician	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Arterio - Sclerosis - Chronic Contracted Kidney	
Immediate	Urinary Coma	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	No	Sheppard & Enoch Pratt Hospital

John E Haub Co
1422 Park av
Balto

Transfer to Washington
56

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Alice J. King

CERTIFICATE OF DEATH

MARYLAND

Died at Gardenville Town Balto. County

Date of death 1908 Dec. Month 3 Day Age 64 Years 4 Months Days

Sex Female Color or Race White

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband George R King

Father's Name James Scott Father's Birthplace Ireland

Mother's Maiden Name Margaret McCaugham Mother's Birthplace Md.

Name of person giving information Mary A. King How related to deceased Daughter

CAUSES OF DEATH

Primary

Asthma

97

How long

2 years

Immediate

Dyspnea

2 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr J B Webster

Boro Raspeburg Md

Accident or Suicide?

No

W.C. Black.

St Patrick's Cemetery
Baltimore Md.

Name
in
Full

Florence Martha Kuehler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	9	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age 47	Birth-place	London England
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Husband	Born Charles Kuehler		
Father's Name	William Rogers	Father's Birthplace			
Mother's Maiden Name	do not know	Mother's Birthplace			
Name of person giving Information	John Kuehler	How related to deceased			

CAUSES OF DEATH

64

How long

About one week

How long

Several

Primary

Cerebral Congestion

Immediate

Coma and Heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chartham Hall
Calverton, MD

Accident or Suicide?

George J. Smith.
London Park.

Name
in
Full

Mrs Louise Christina Kuntz

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Ashland	Town	Baltimore	County	MARYLAND	
Date of death	1908 Dec	Month	17	Day	Years	Months
Sex	Female	Color or Race	white	Age	66	Days
Occupation	Hausfrau	Where Residing if not at place of death				
Married, Single or Widowed	widow	Name of husband Husband	John Kuntz			
Father's Name	George Eckert	Father's Birthplace	Evan Germany			
Mother's Maiden Name	Wilhelmina Hoffman	Mother's Birthplace	Germany			
Name of person giving information	Miss Elizabeth M Kuntz	How related to deceased	Daughter			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Ophthisis Pulmonalis

How long 40 years

Immediate Exhaustion & Diarrhea

How long 3½ months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr B. B. Benson

Address

Cooksville Md

Accident or Suicide? Neither

Funeral Sunday 20 Dec
at St Paul Lutheran
Cemetery

Wm C Brooks

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Margarite Leimbach

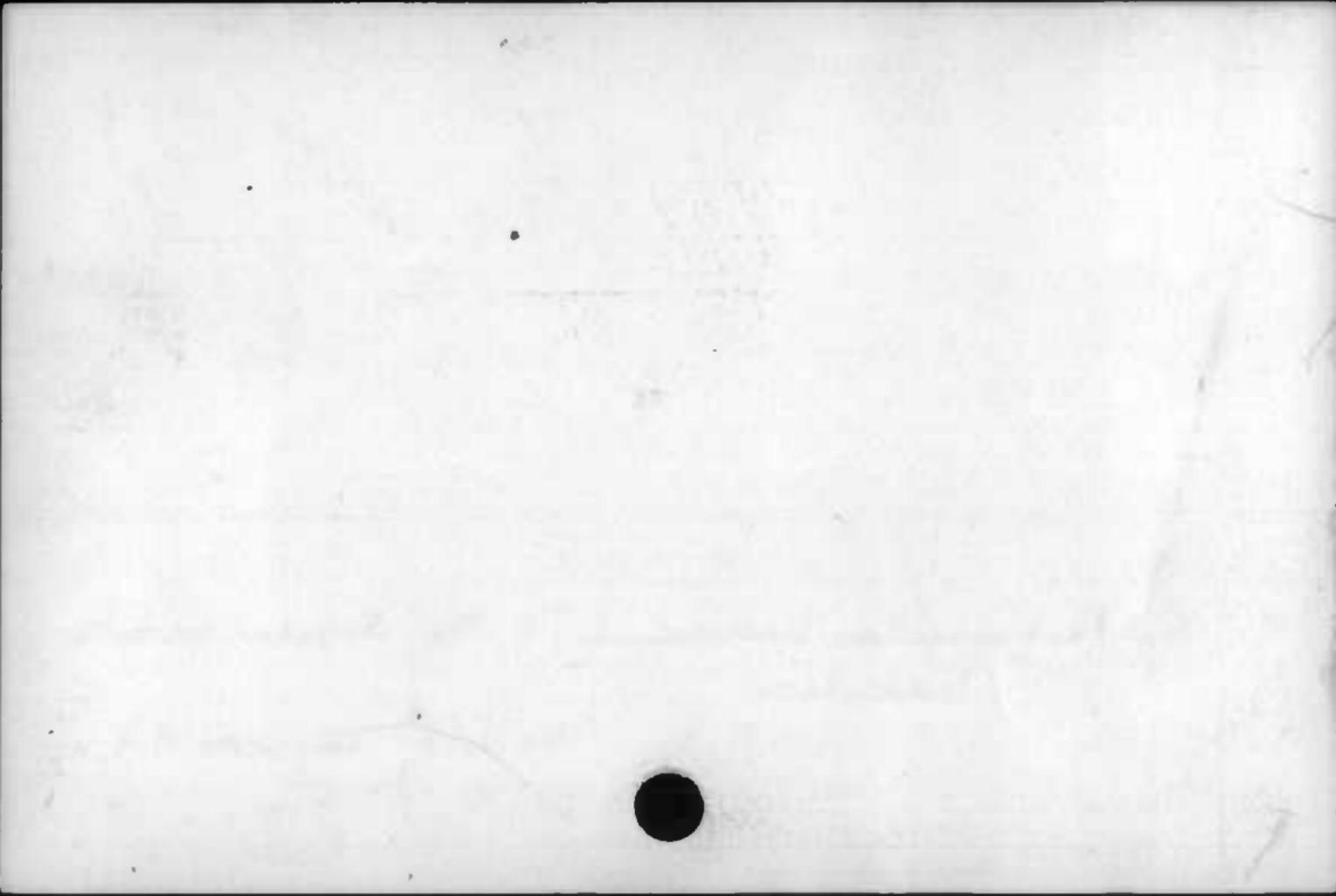
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where residing if not at place of death			
Spouse , Son , Daughter	Name of Wife or Husband			
Father's Name		Father's Birthplace	Md	
Mother's Maiden Name	Mary Leimbach	Mother's Birthplace	Md	
Name of person giving information	Hurst Almira Brown	How related to deceased	Grand Mother	

CAUSES OF DEATH

(9)

Primary	Post Diphtheritic Paralysis (Partial)	How long	Four weeks
Immediate	Pneumonia	How long	and days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C.B. Supod M.D.
		Address	St. C. Arlington
Accident or Suicide?	NO		Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

(Lesser), Sophia

Town
Leatonsville

Coupler
Balls.

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Months	Days
Date of death	1908	Dec	13	Age	22
Sex	Female	Color or Race	white	Birth-place	Russia.
Occupation	Domestic				
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	Name of Wife or Husband				
Mother's Maiden Name	Father's Birthplace				
Name of person giving Information	Mother's Birthplace				
	How related to deceased				

dyei

Joseph Lesser

Mary Septka

Bernan Lesser

Russia.

Russia.

Brether.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dementia

27

4 yrs

Immediate

Pulmonary Tuberculosis

2 mos.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Percy Nader
Leatonsville Md

Accident or Suicide?

No

Max Lernissm
118 Abenago

Name
in
Full

Clara M. Lilley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
banton	Balt.				
Date of death 1908	Month 12	Day 30	Years 6	Months 3	Days -
Sex Female	Color or Race white	Birth-place Balt.			
Occupation none	Where Residing if not at place of death 3307 Toone St.,				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace Pa.			
Father's Name Albert A. Lilley	Mother's Birthplace " " Mother				
Mother's Maiden Name Clara M. McForkle					
Name of person giving Information Clara M. Lilley					

CAUSES OF DEATH

28

Primary

Tubercular Meningitis

How long

Several months

How long

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Marie L. Ingram M.D.

10 W. North Ave.
Baltimore.

PHYSICIAN
OR CORONER

Accident or Suicide

Modena Chester Co.
Penna.

Hennig Son
1/3/09

Name
in
Full

Carry Little

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Luraville		County Balto Co		MARYLAND	
Date of death 1908	Month 12	Day 9	Age 19	Months 1	Days 2
Sex Male	Color or Race W	Birth- place York Co Pa			
Occupation None	Where Residing if not at place of death				
Married, Single or Widower	Name of Wife or Husband				
Father's Name Amos Franklin Little					Father's Birthplace Ohio
Mother's Maiden Name Anna Rebecca L. Pennell					Mother's Birthplace Pa
Name of person giving Information Amos F Little	How related to deceased Father				

CAUSES OF DEATH

34

Primary

General Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Gafford Darling
Luraville
Md

PHYSICIAN
OR CORONER

Accident or Suicide

Nitroblatt. Right hand side

Am Cook
Oak lawn

Dec 11 08.
— — —

Name
in
Full

Arthur Lee Long

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Glynden	Baltimore Co.			
Date of death	Month	Years	Months Days		
1909	Oct	29	Age 5	4	23
Sex	Male	Color or Race	White	Birth-place	Glynden
Occupation	Home	Where Residing if not at place of death	Home		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Glynden		
Father's Name	John S. Long	Mother's Birthplace	Baltimore		
Mother's Maiden Name	Maryis Raicker	How related to deceased	Father		
Name of person giving information	John S. Long				

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER



Primary

Distressing anxiety -
Membranous bronchitis

How long

4 days

Immediate

Pneumonia of the lung

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

George Benson
Chesterville
Md

Accident or Suicide?



Name
in
Full

Child not named born on
Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Colored	Birth-place	Catonsville	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Barn				
Mother's Maiden Name	Jane Bennett				
Name of person living in family	Jane Bennett				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Stillborn

Are the name, age, sex, color, date and place correctly given above?

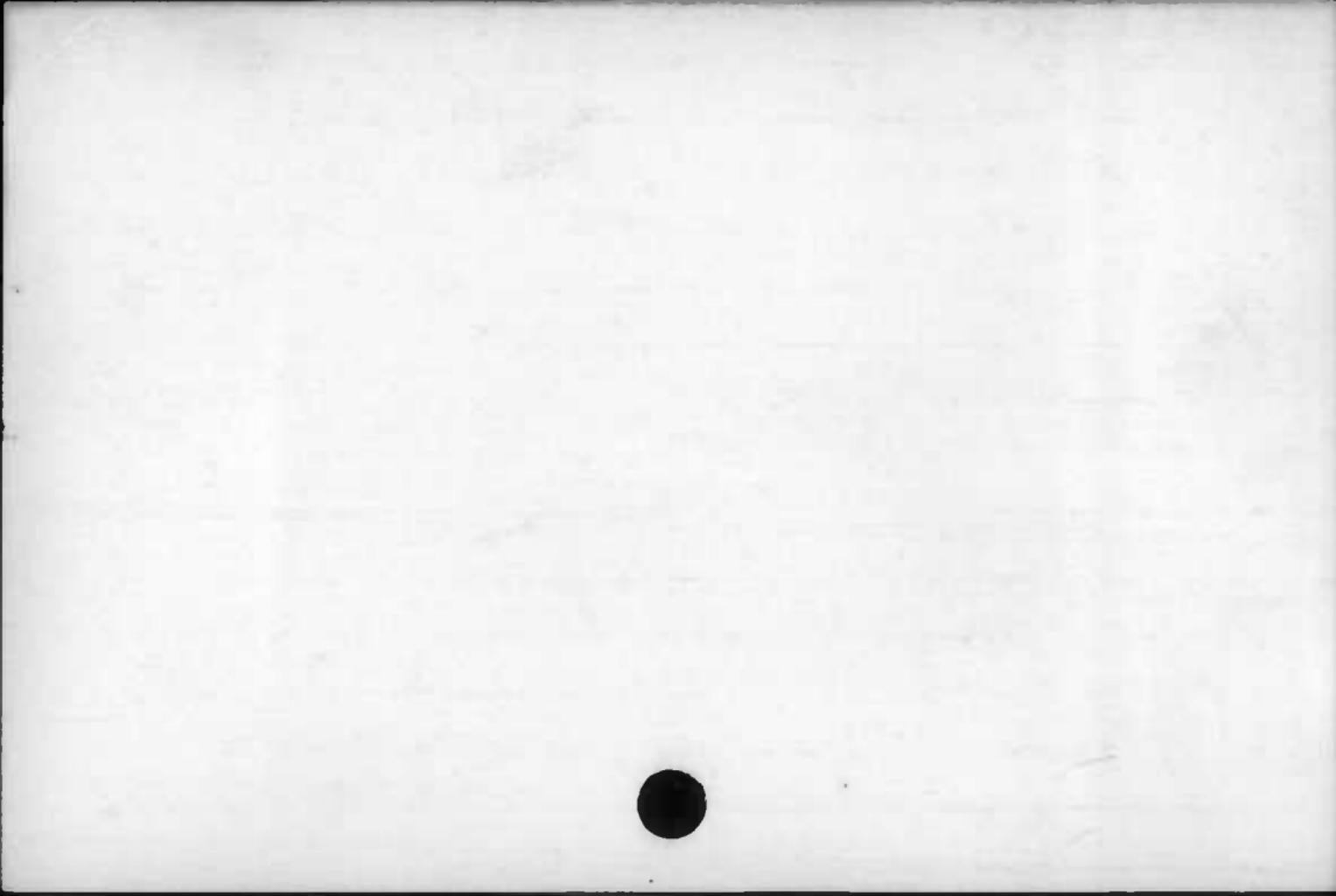
Signature of Physician

yes

Address

D. L. Stultz M.D.
Catonsville friend

Accident or Suicide?



Name
in
Full

Thomas C. Ludwig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Highlandtown

Town

County

Balto.

MARYLAND

Date
of death 1908

Month

Day

Years

Months

26th

Age

Days

3 Weeks

Sax

Male

Color or
Race

White

Birth-
place

Balto. Md.

Occupation

None

Where Residing if not
at place of death

229 S. Clinton St.

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John G. Ludwig

Father's
Birthplace

Foster Balto.
Md.

Mother's
Maiden Name

Katie Kirby

Mother's
Birthplace

Parents Balto.
Md.

Name of person giving
Information

Katie Ludwig

How related
to deceased

CAUSES OF DEATH

151

Primary

Premature birth

How long

Immediate

Inanition

How long

— 3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

M. J. McAvoy M.D.
839 S. Gant St.

PHYSICIAN
OR CORONER

Accident or Suicide

Undertakers
Lilly and Zeiler
Mount Carmel Cemetery
Dec 28th 08

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

James Lushy
Pikesville Baltimore
1908 12 5 73
Male White
Hack Drivir Pikesville
Neckdown Do not Know
Do not Know Do not Know
Do not Know Do not Know
H. H. Mathews None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General debility

106

How long

several months

Immediate Enteritis

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. E. M. Presque Isle Md

Accident or Suicide?

No

Lacot & Rugg
London Park

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Margaret A. Luttgarding

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908 Dec	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White		Birth-place	Howard Co. md.
Occupation	Housewife		Where Residing if not at place of death		name	
Married, Single or Widowed	Widow	Name of Wife or Husband	Henry C. Luttgarding		Father's Birthplace	Penn.
Father's Name	Geo. R. Haywoode				Mother's Birthplace	md.
Mother's Maiden Name	Rebecca Butler				How related to deceased	son
Name of person giving information	H. G. Luttgarding				How long	120

CAUSES OF DEATH

Primary *Intestinal Nephritis*

Immediate *no*

Are the name, age, sex, color, date and place correctly given above?

yes

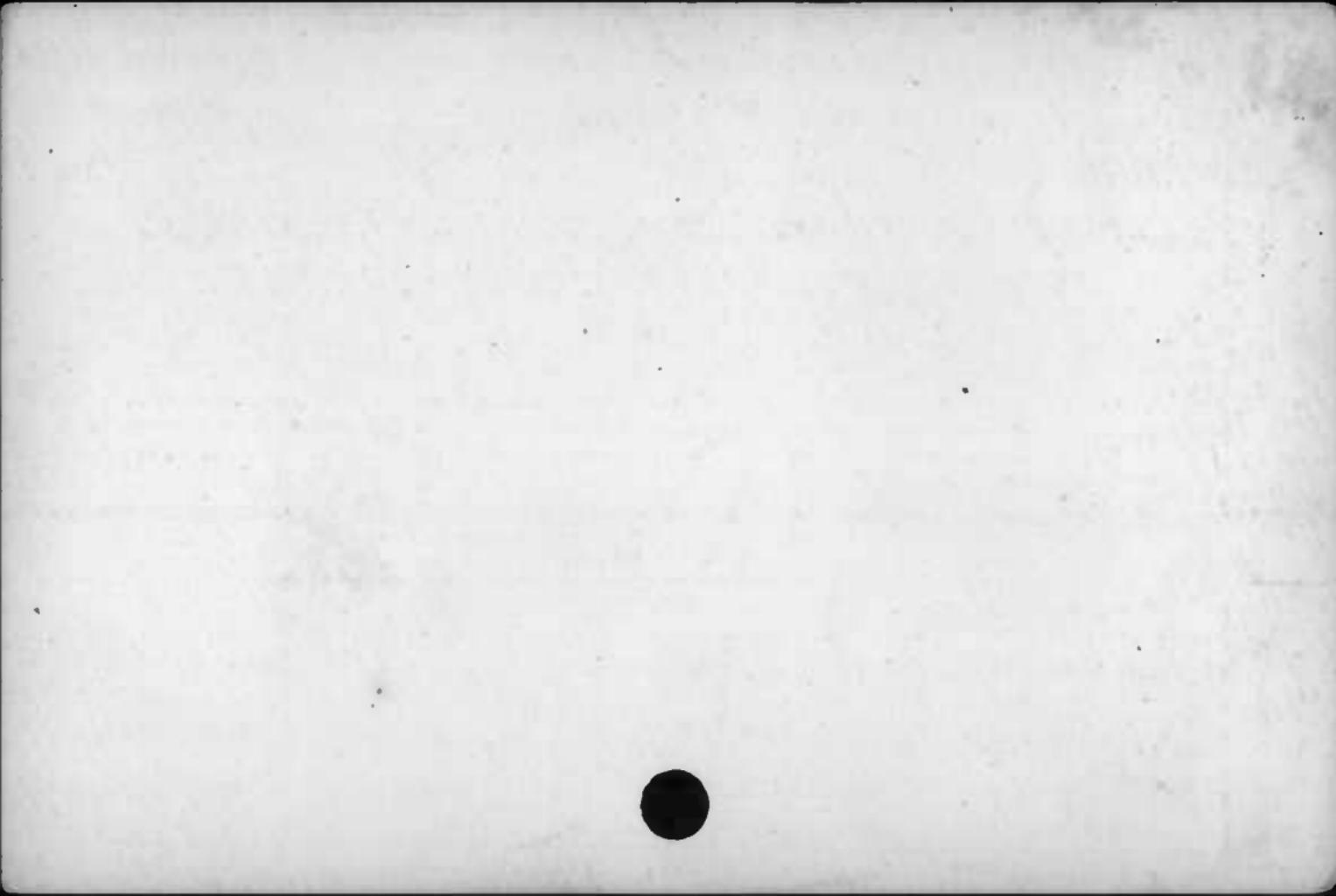
Signature of Physician

Address

*M D Morris
Eldersturg.*

Accident or Suicide?

no.



Name
in
Full

None Named McGlone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Sherwood</u> Town		County <u>Baltimore</u>		MARYLAND <u>Md.</u>	
Date of death <u>1908</u>	Month <u>Dec.</u>	Day <u>25</u>	Age <u>2 weeks</u>	Months	Days
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Sherwood</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>Sherwood-Baltimore</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Mary McGlone</u>				
Father's Name <u>John McGlone</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>Mary Smith</u>	Mother's Birthplace <u>Baltimore</u>				
Name of person giving information <u>John McGlone</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

(151)

Primary <u>Marsue</u>	How long <u>Ten days</u>
Immediate <u>Guamulina</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. Burlow Strusse</u>
	Address <u>Ridens Rd.</u>
Accident or Suicide?	

John Burns Sons
Towson

Mt. Olivet Cemetery

Name
in
Full

Hilary Madden

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Shawnee	Baltimore			
Date of death	Month	Day	Years	Months	Days
1908	Dec.	10	Age	8	6
Sex	Male	Color or Race	Black	Birth-place	Shawnee Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry C. Madden				
Mother's Maiden Name	Effa Huntington				
Name of person giving information	Harry S. Madden				
CAUSES OF DEATH					
Primary	Chronic Enteritis				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?	I think so.				
Have not seen the chief for 3 mos - my mother died at	Address				
Accident or Suicide? Both believe died a natural death from information obtained					

PHYSICIAN
OR CORONER

105

How long

6 mos

How long

Gastrach

Cockeysville

Signature of Physician

Address

Funeral at Gauf Chepple
Saturday 11th

M. C Brooks

Name
in
Full

Thos. Mallon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

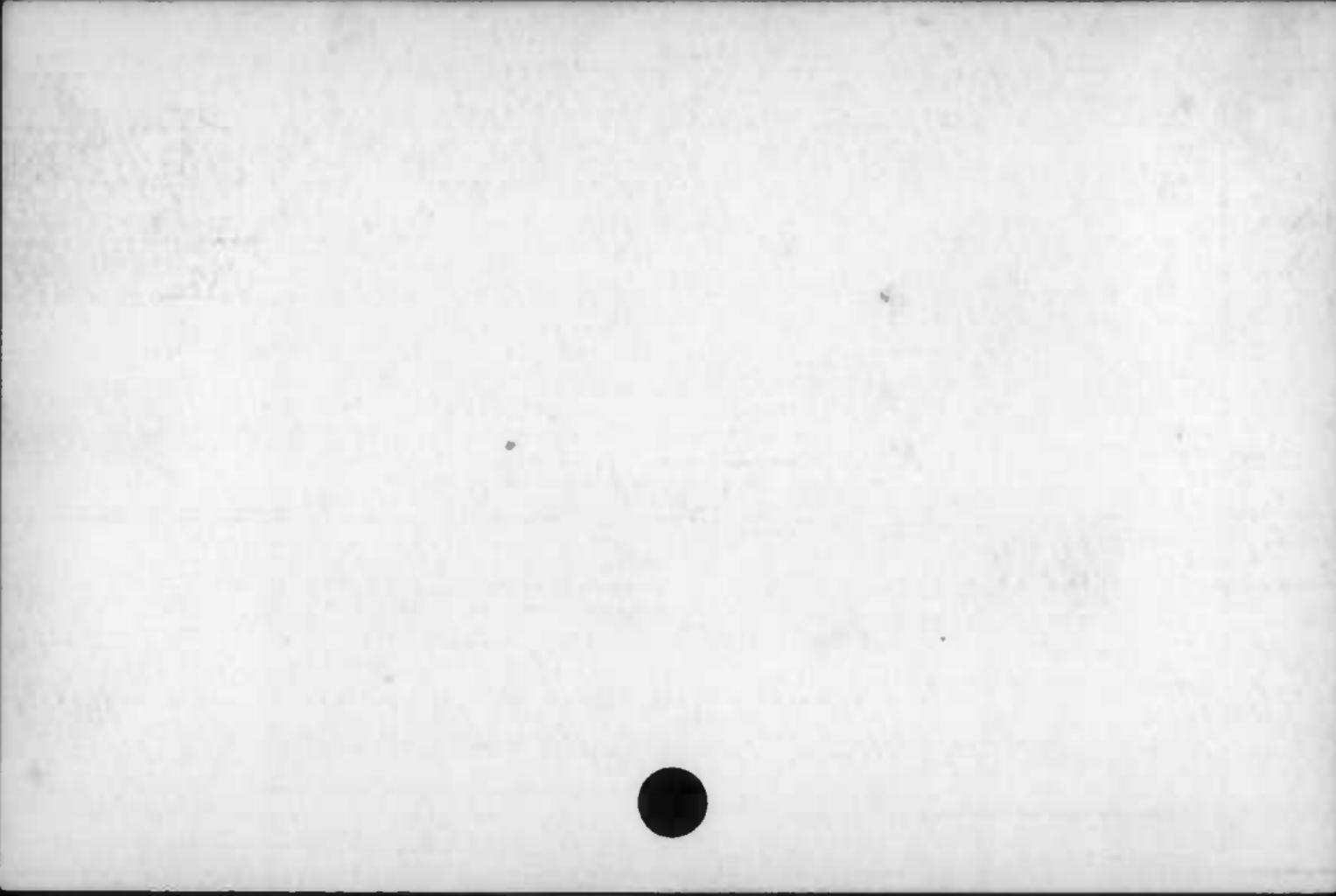
Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed		Leather	Balto. Md.		
Name of Wife or Husband					
Father's Name	✓		Father's Birthplace	unknown	
Mother's Maiden Name	Theresa McClokey		Mother's Birthplace	Harford Co. Md.	
Name of person giving Information	William McClokey		How Related to deceased	Uncle	

(Showed previous evidence
of epilepsy)

CAUSES OF DEATH

Primary	Peritonitis (Following an attack of acute gastroenteritis)	How long	36 hours
Immediate	Heart failure (collapse)	How long	24 or 36 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Chas. Bagley
Was taken with violent pains in abdomen soon		Address	Bagley
Accident or Suicide? after eating.		Harford Co. Md.	

PHYSICIAN
OR CORONER



Name
in
Full

John Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Dec	Day 28	Years 59	Months 11	Days 3
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Butcher		Where Residing if not at place of death	✓		
Married, Single or Widowed	Married	Name of Wife	Louisa Martin			
Father's Name	John Martin		Father's Birthplace	Germany		
Mother's Maiden Name	Margaret Urbach		Mother's Birthplace	Germany		
Name of person giving information	Louisa Martin		How related to deceased	Wife		

CAUSES OF DEATH

112

How long

PHYSICIAN
OR CORONER

Primary

Cirrhotic Liver

Immediate

Bronchitis Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Ys

Signature of Physician

Address

C. V. Sherry

300 Hudson St

Accident or Suicide?

D. Athey

Dec. 31, 108

W. Carmel
H. Sander Sons

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Herman Martini			
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband	
Father's Name	Not Known		
Mother's Maiden Name	"		
Name of person giving information	Mr Martini Son		
CAUSES OF DEATH			
Primary	Carcinoma of Nasal.		
Immediate	Sputum		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yrs		H. S. Gelmyr	17318 Faust St.

PHYSICIAN
OR CORONER

Accident or Suicide?

45

How long
6 months

How long
6 weeks

Mt Carmel En

Dec 12th 1908

J P Nicolaus & Son
1820 Canton Ave

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Geo E Michael

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Marshall Pk	Baltimore Co			Months	Days
Date of death	1908 Dec	Month	Day	Years		-
Age	28					
Sex	Male	Color or Race	White	Birth-place	Baltimore Md.	
Occupation	Laborer	Where Residing if not at place of death			Marshall Pk	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Germany	
Father's Name	John Michael			Mother's Birthplace	Baltimore	
Mother's Maiden Name	Christina Michael			How related to deceased	Mother	
Name of person giving Information	Christina Michael					
CAUSES OF DEATH						
Primary	General Tuberculosis			How long	6 months	
Immediate	nervous exhaustion			How long	2 days	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	R. V. Glazier	
				Address	Mt. Vernon Md.	

34

Accident or Suicide?

Wm Cook

5028 North Ave

western Cemetery

Name
in
Full

Unnamed Milke or Kahlen
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

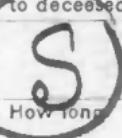
Died at	Town Rossville	County Baltimore	MARYLAND		
Date of death 1908	Month Dec	Day 25	Years —	Months —	Days —
Sex	Color or Race White	Birth-place Rossville			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Nielse				
Mother's Maiden Name	Kate Stahler				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Birth



How long

Immediate

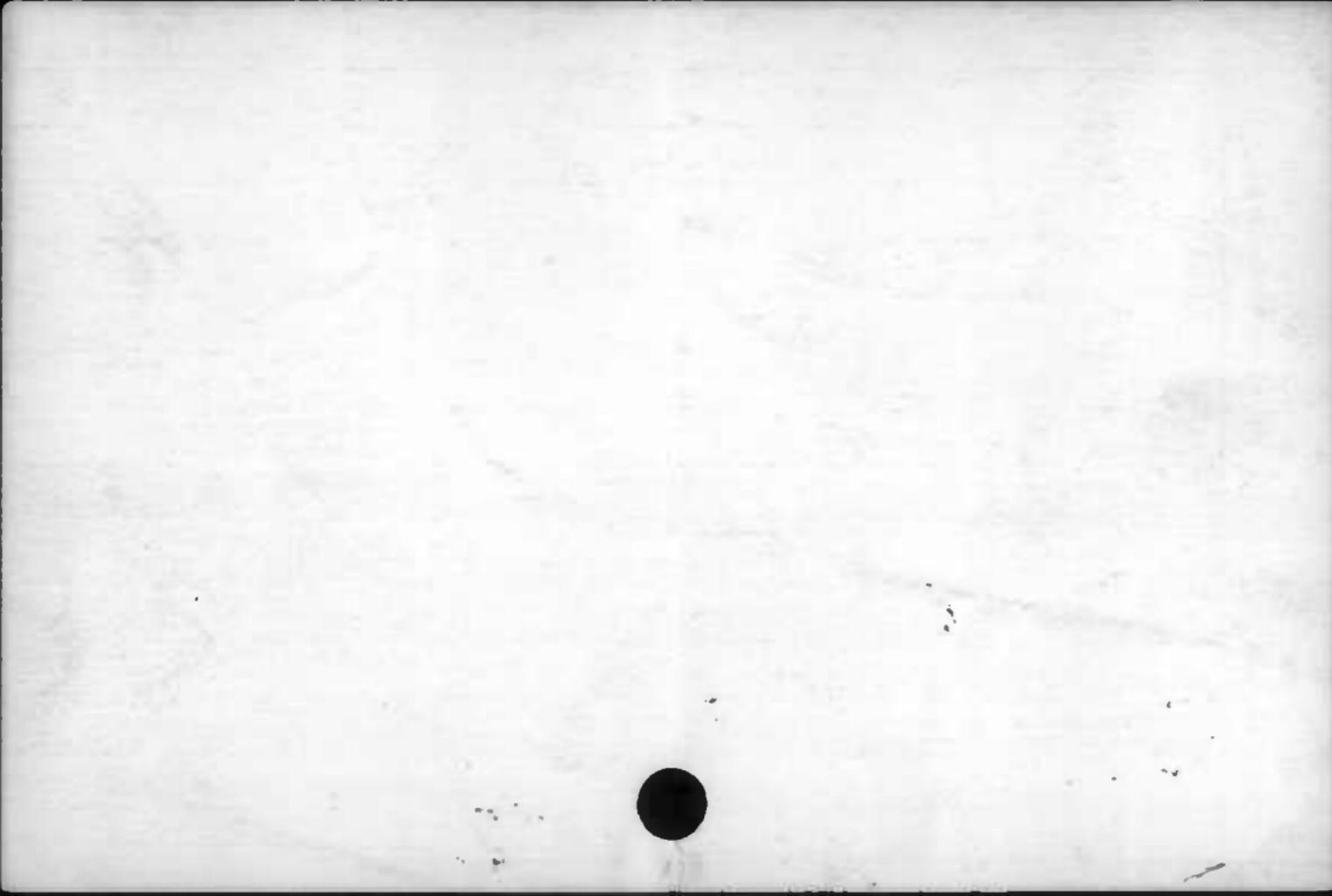
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

**6 Villages
Rossville**

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month Dec	Day 19	Years 50	Months no	Days no	
Sex	Male	Color or Race	colored		Birth place	Baltimore	
Occupation	Soface	Where Residing if not at place of death			Baltimore		
Married, Single or Widowed	Married	Name of Wife or Husband	Delmar		Moore		
Father's Name	unknown			Father's Birthplace	unknown		
Mother's Maiden Name	unknown			Mother's Birthplace	unknown		
Name of person giving Information	Delmar Moore			How related to deceased	wife		

CAUSES OF DEATH

79

How long

1 year

How long

instant.

PHYSICIAN
OR CORONER

Primary

Aortic Stenosis

Immediate

Heart Disease

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Reginae

Baltimore

Art Williams

meds

Accident or Suicide?

Felix B. Rye

mAuburn.

Name
in
Full

Rev. F. H. O'Donoughue

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County			
St. Agnes' Hospital Balt.		Baltimore			
Date of death	Month	Day	Years	Months	Days
1908	Dec.	2	59		
Sex	Male	Color or Race	White	Birth-place	Rochester
Occupation	Clergyman		Where Residing if not at place of death	New York St. Agnes' Hospital	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Unknown		Father's Birthplace	Ireland	
Mother's Maiden Name	Unknown		Mother's Birthplace	Ireland	
Name of person giving information	Hospital Records		How related to deceased		

CAUSES OF DEATH

82

Primary

Pulmonary Embolism 24 hours
after Abdominal Operation for Hernia

How long

How long

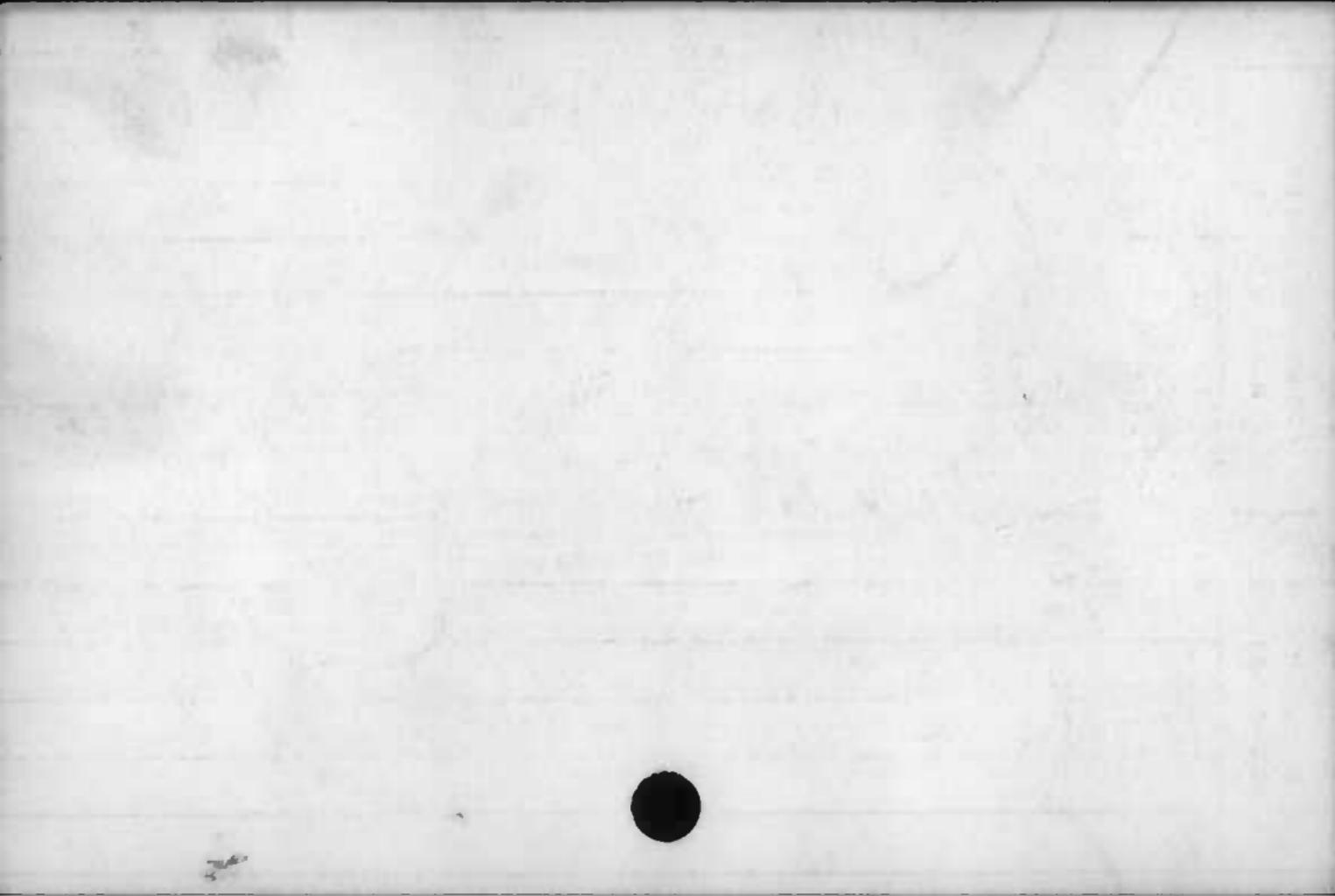
Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Frasie Blondell Perry

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909	12	29	Age	1	12	
Sex	Female	Color or Race	Pale red	Birth-place	Baltimore	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Joseph Perry					
Mother's Maiden Name	Sennetta Johnson					
Name of person giving Information	Anne Perry					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary

Uphome (prob)

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frederick J. Berlin MD

St. Alex Hosp - Md.

Accident or Suicide?

~~Brownsville~~
Geo. Harper.

Name
in
Full

Willie Pierce

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Town County
Balto. Co. Almshouse

MARYLAND

Date Month Day Age Years Months Days
of death 1908 12 9 9 — —

Sex Male Color or Birth-place Balto. Co. Md.
Race White

Occupation None Where Residing if not
at place of death as above

Married, Single — Name of Wife or
or Widowed Husband —

Father's Name Benjamin Pierce Father's Birthplace Balto. Co. Md.

Mother's Maiden Name Eva Shepard Mother's Birthplace Balto. Co.,

Name of person giving Information J. P. Chilcoat How related to deceased none

CAUSES OF DEATH

60

How long

4 days

How long

Primary

Cerebritis

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Dr. Thos. C. Bussey

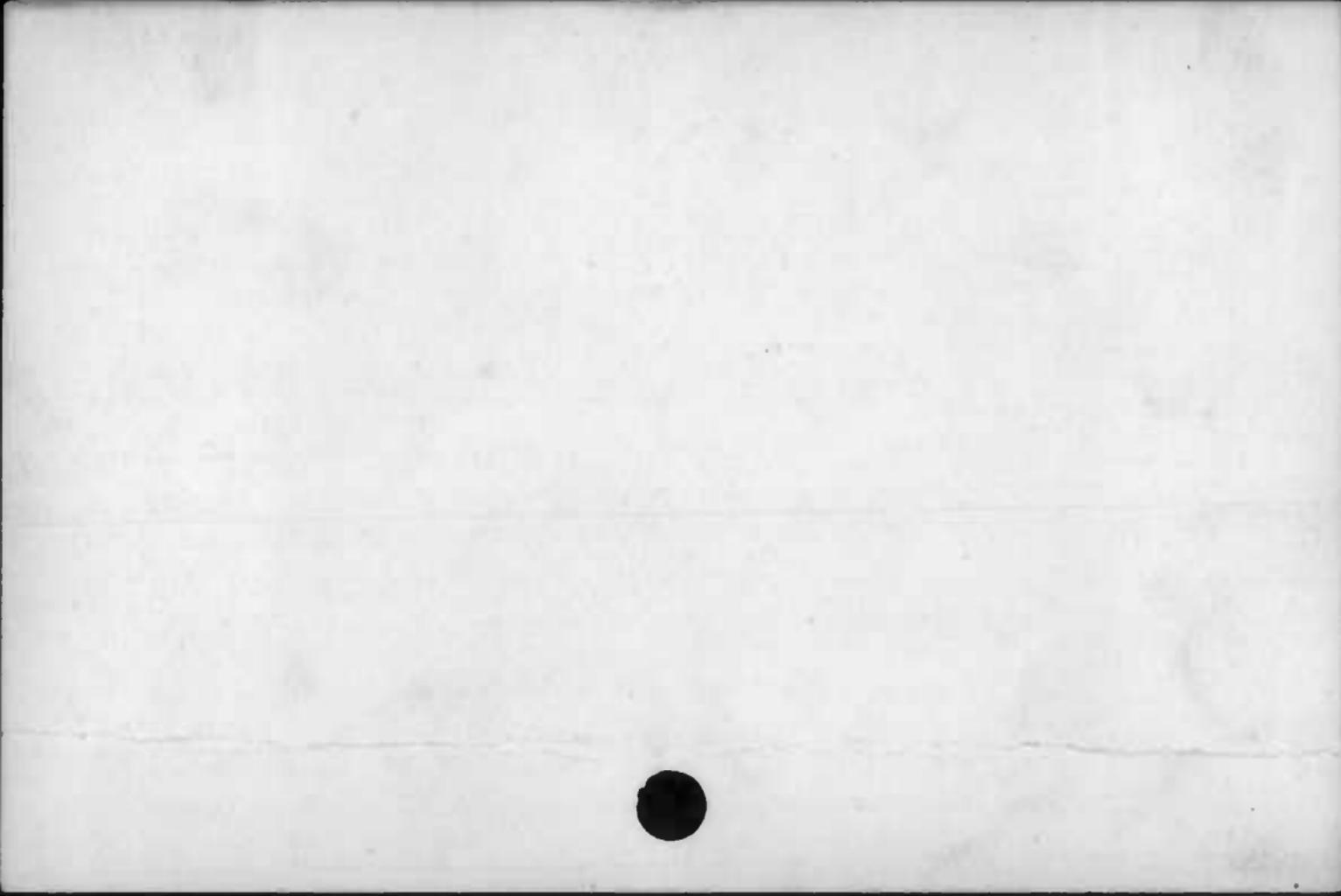
Address

Texas
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

No



Name
in
Full

Conrad Poehlman

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Hilandtown	Balto					
Date of death	1908	Month Dec	Day 4th	Years 17 yrs	Months 10	Days 16	
Sex	Male	Color or Race	White	Birth-place	Baltimore		
Occupation	None	Where Residing if not at place of death		3400 E. Balto St			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	John Poehlman			Father's Birthplace	Balto		
Mother's Maiden Name	Mary Stout			Mother's Birthplace	Balto		
Name of person giving information	John Poehlman			How related to deceased	Father.		
CAUSES OF DEATH				79			

PHYSICIAN
OR CORONER

Primary Valvular Heart Disease (Mitral stenosis)
Broken Compensation followed by Congestion of lungs & Liver and dropsy

Immediate How long Seven years

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. C. Sandrock

Address 1242 N. Broadway, Balto.

Accident or Suicide?

Wendell Dippel & Son.

Mt. Carmel Cemetery -

Dec. 6/08 -

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Bella</u>		Town <u>Baltimore</u>	County <u>Baltimore</u>		MARYLAND	
Date of death 1908	Month <u>Dec</u>	Day <u>18</u>	Years <u>78</u>	Age <u>78</u>	Months —	Days —
Sex <u>Male</u>	Color or Race <u>Coe</u>	Occupation <u>Labourer</u>		Birth- place <u>Md</u>		
Married, Single or Widowed <u>Widower</u>						
Name of Wife or Husband <u>Agnes Preston</u>						
Father's Name <u>Not Known</u>					Father's Birthplace <u>Not Known</u>	
Mother's Maiden Name <u>Not Known</u>					Mother's Birthplace " "	
Name of person giving Information <u>John F. Dwyer</u>					How related to deceased <u>None</u>	

CAUSES OF DEATH

91

Primary Bricklayer + old age
How long Several months

Immediate Cardiac Arrestia + Relaxed Tendon 2 days
How long 2 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Frank J. Miller, M.D.
Elliot St., Md.

Accident or Suicide?
No

Hilsinger & Son
Mt Kilboa -

Name
in
Full

John Marshall Price

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Highburgh Park, Towson		Baltimore,			MARYLAND	
Date of death	Month	Day	Years	Month	Days	
1908	Dec.	24	0	0	3 hrs	
Sex	Male	Color or Race	White	Birth-place	Towson Md.	
Occupation	None					Where Reiding if not at place of death
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Al Caston, Cal.	
Father's Name	Marshall Hangton Price			Mother's Birthplace	Baltimore Md.	
Mother's Maiden Name	Henrietta Bowman Georgia			How related to deceased	Father.	
Name of person giving information	Marshall Hangton Price					

CAUSES OF DEATH

152

How long

3 m.s.

How long

PHYSICIAN
OR CORONER

Primary

Asphyxia monorum

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Whitridge Williams
1112 Cathedral St. Baltimore

Accident or Suicide

No

John Burns Sons
Tours on
Prospect Hill Cens

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Edward T. Raynor

Town

County

Died at

Highlandtown

Balto.

MARYLAND

Date
of death

1908

Month

Dec.

Day

27

Year

1908

Months

Days

16

Age

Sex

Male

Color or
Race

White

Birth-
place

Ind.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jas. E. T. Raynor

Father's
Birthplace

Balto. Md

Mother's
Maiden Name

Frattie Rattenhorn

Mother's
Birthplace

" "

Name of person giving
Information

Jas. E. T. Raynor

How related
deceased

Father

CAUSES OF DEATH

Primary

Acute Pneumonia

93

How long

4 days

Immediate

Strangulation

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. C. Schopfaw
148 Faids St

Accident or Suicide

Oak Lawn Cemetery

Dec 28-88

John A Moran

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Glyndon</u>		Town	County <u>Baltimore</u>		MARYLAND		
Date of death 190 <u>5</u>	Month <u>Dec.</u>	Day <u>11</u>	Years <u>68.</u>	Age	Months	Days	
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Dent (now</u>					
Married, Single or Widowed <u>Widowed</u>	Occupation <u>Housekeeper</u>						
Name of Husband <u>John R Raynor</u>							
Father's Name <u>Mulholland</u>	Father's Birthplace <u>Mulholland</u>						
Mother's Maiden Name <u>McKenna</u>	Mother's Birthplace <u>Mulholland</u>						
Name of person giving Information <u>Frank Raynor</u>	How related to deceased <u>Son</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Congested lungs & liver

93

How long

Dent house

Immediate

Pneumonia & cardiac failure

How long

days from saw

Are the name, age, sex, color, date and place correctly given above?

yes

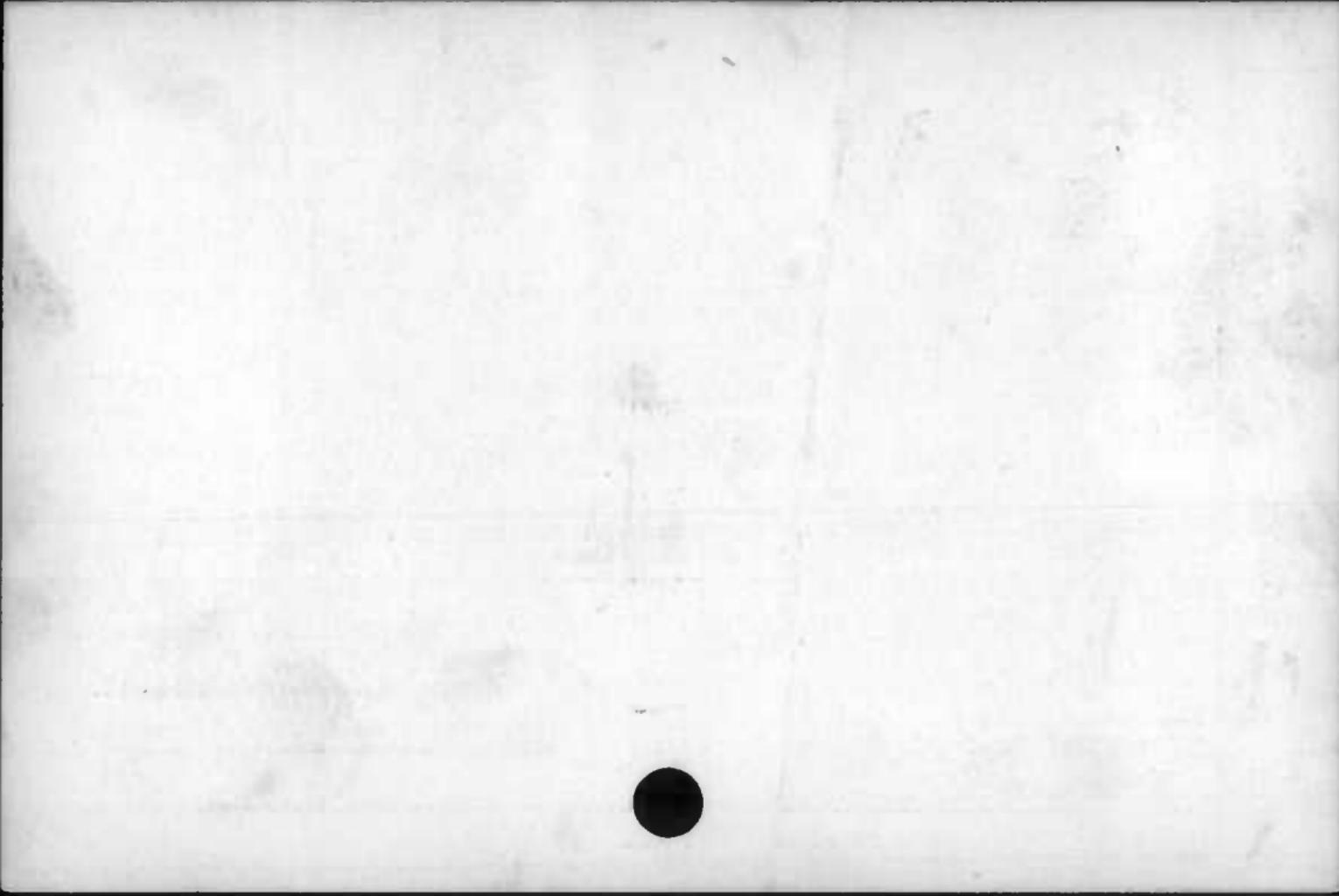
Signature of Physician

Dr. yesterday for the first time
I know well

Address

Glyndon Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Andrew Roberts

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace	Conn
Father's Name	Lydia Roberts			Mother's Birthplace	Conn
Mother's Maiden Name	Betsey Brewster			How related to deceased	Conn
Name of person giving information				How long	65

CAUSES OF DEATH

Primary Softening of Brain

65

How long 2 years

Immediate Exhaustion

How long 2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. H. Duncan

Gowans town

MD

Accident or Suicide?

Belvoir (98)

McCormick

East Hartford

W. P. Flockner & Sons
Compton, Conn.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Joseph Roberts Jr				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death 1905	Month Dec.	Day 3rd	Years 1	Months 1	Days 1		
Sex Male	Color or Race White	Birth-place Dennis Point					
Occupation None	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name Joseph Roberts	Father's Birthplace Anstrue						
Mother's Maiden Name Linnie Ruz	Mother's Birthplace Anstrue						
Name of person giving Information Joseph Roberts	How related to deceased Father						

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary

Acute Meningitis.

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

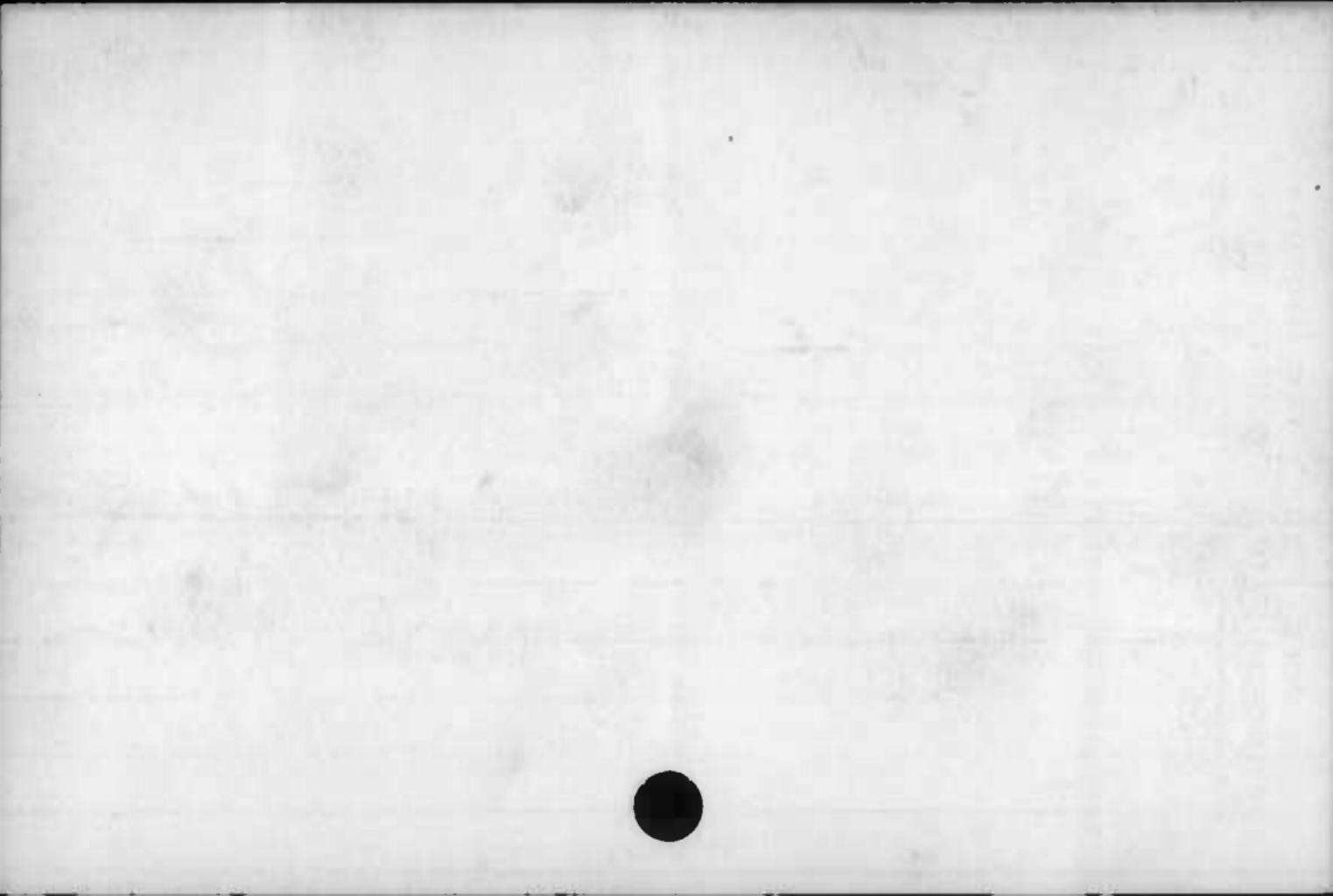
Yes

Signature of Physician

Address

Frank C. Eldred M.D.
Dennis Point,
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth Virginia Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Month

Day

Year

Month

Day

Date
of death

1908

December

19th

Age

Sex

female.

Color or
Race

colored.

Birth-
place

Occupation

Where residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Robert - Robinson,

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Lannie E. Payne,

Mother's
Birthplace

Hedrick

Name of person giving
Information

Maria Banks.

How related
to deceased

No relation

CAUSES OF DEATH

Primary

Erysipelas

18

How long

Immediate

iday

How long

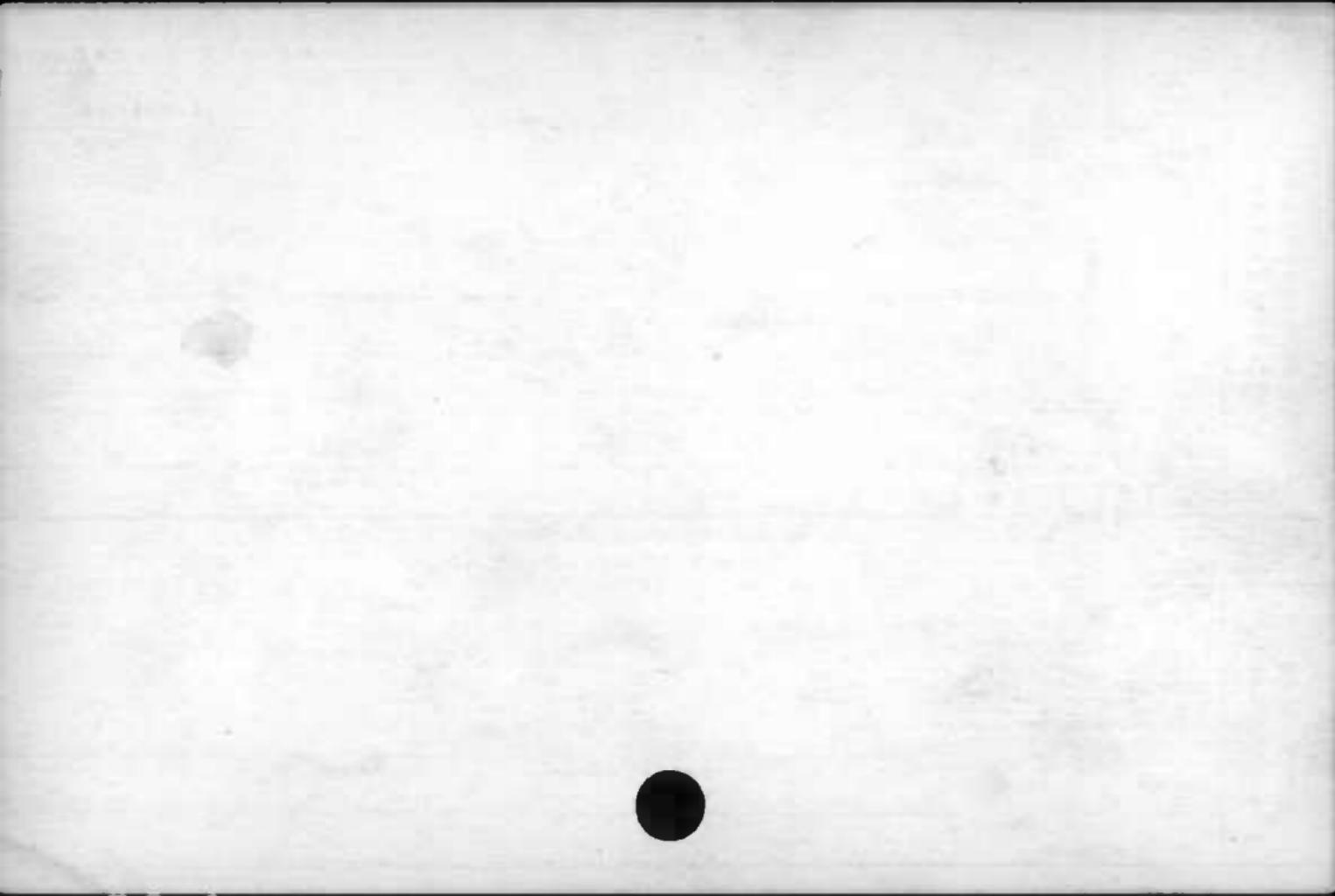
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Francis Banks wife
Cockeysville
natural Death.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still born infant of Anna May Rose

CERTIFICATE OF DEATH

Town		County		State	
Died at	Applicant and home Balltimore	County	Baltimore	State	MARYLAND
Date of death	Month	Day	Years	Months	Days
1908	12	15	Age	—	—
Sex	Male	Color or Race	White	Birth- place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	✓	Name of Wife or Husband	221 S. East St.		
Father's Name	John Rose				
Mother's Maiden Name	Mary Rose				
Name of person giving Information	John Rose				
CAUSES OF DEATH					
Primary	Still born infant				
Immediate					
Are the name, age, sex, color, date and place correctly given above?	Yes				
Signature of Physician	Dr. L. S. Rush				
Address	2000 E. Baltimore				
Accident or Suicide					

Wendell Dixie & Son

Sr. Alphonse Amulay

Dec. 14th /08,

Name
in
Full

Marion Janette Sparks Antler

CERTIFICATE OF DEATH

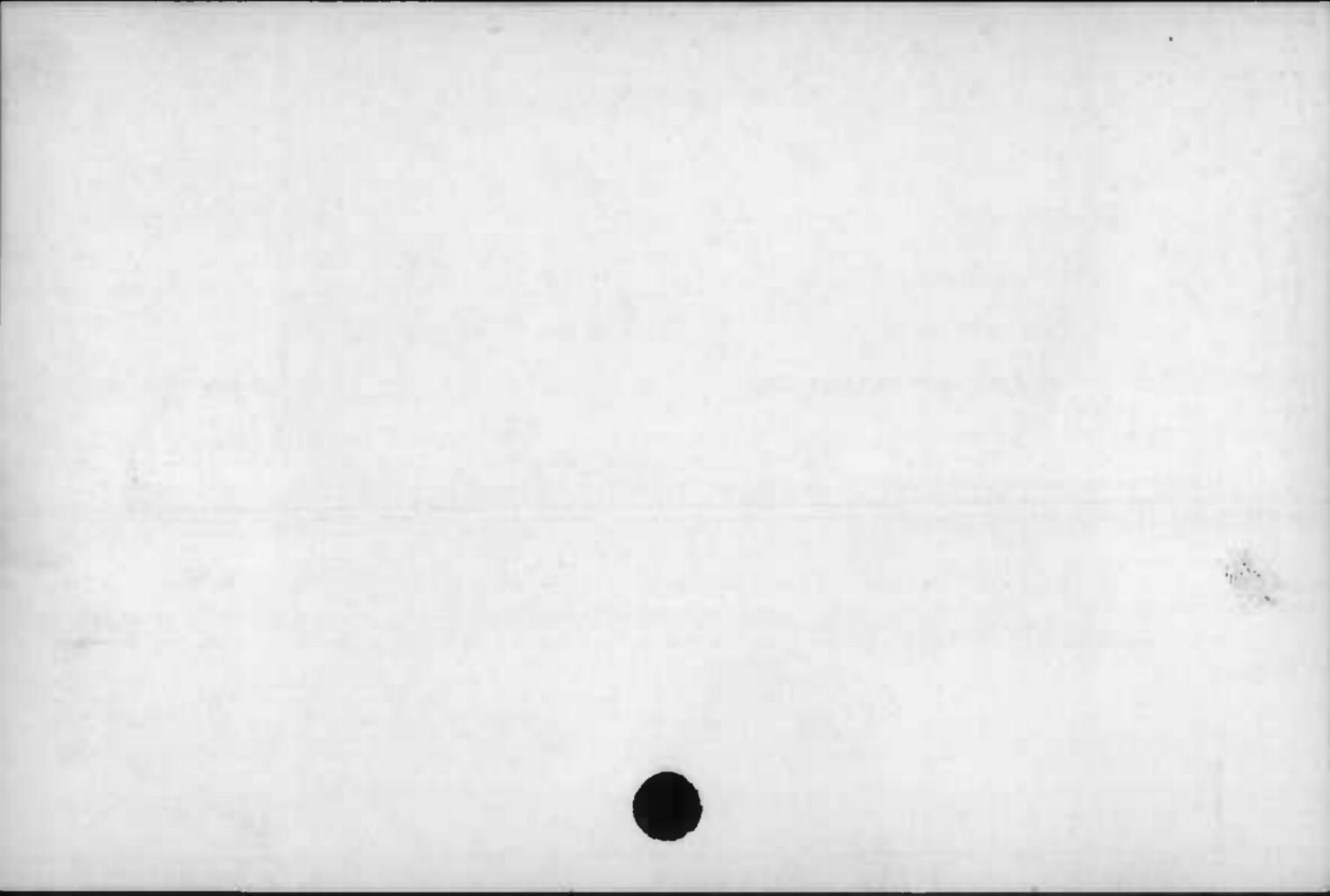
TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	1908	Month Dec	Day 31	Years 62	Months 6 months	Days 6
Sex	Female		Color or Race	White		
Occupation	House		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband		Edward Thomas Rutter		
Father's Name	Oliver Perdue Sparks		Father's Birthplace			
Mother's Maiden Name	mary rump	Marion Janette Sparks		Sparks Et.		
Name of person giving information	Oliver Antler Parker		Mother's Birthplace			
CAUSES OF DEATH						How related to deceased
Primary	Heart Disease		64			daughter
Immediate	Asthma		Husband			10 years
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			How long ago
			W.H. Campbell			none
			Address			Owings Mills, Md

Accident or Suicide?



Name
in
Full

Mrs. Sidney Ryan

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Town County
Balto. @. Alushouse

MARYLAND

Date Month Day Years Months Days
of death 1908 12 8 Age 71 — —

Sex Female Color or Race white Birth-place Unknown

Occupation Unknown Where Residing if not at place of death as above

Married, Single or Widowed Unknown Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Alushouse Register How related to deceased

27

How long

How long

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. Thos. C. Bussey
Texas

Accident or Suicide?

No.

Md.

Wm Cook.

Mark & Greenway Co.

Baltimore County

Name
in
Full

James Saglinski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Male	Age	Months
Occupation	Color or Race	White	Days
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	None
Father's Name	Paul Saglinski	Father's Birthplace	Russia
Mother's Maiden Name	Helen Skawinski	Mother's Birthplace	Russia
Name of person giving Information	Paul Saglinski	How related to deceased	Father

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary *James Neurathmire*

How long

Two days

Immediate *Exhaustion*

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

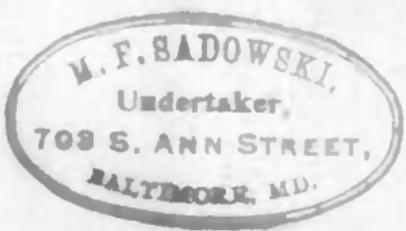
D.W. Jones M.D.

Address

3116 Difordell Rd

11

Accident or Suicide?



Holy Rosary.

DEC 3 - 1908

Name
in
Full

Joseph L. Sanner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>L. J. Home Pikesville</u>		Town ^{MD}	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>12</u>	Day <u>1</u>	Age <u>78</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>St. Marys. liv. MD</u>				
Occupation <u>Ship Joiner</u>	Where Residing if not at place of death <u>C. J. Home Pikesville</u>					
Married, Single or Widowed <u>Singl</u>	Name of Wife or Husband <u>Batchelor</u>					
Father's Name <u>John L. Sanner</u>	Father's Birthplace <u>St. Marys. liv.</u>					
Mother's Maiden Name <u>don't know</u>	Mother's Birthplace <u>" "</u>					
Name of person giving Information <u>N. H. Mathews J. M. L. S. Home</u>	How related to deceased <u>not relative</u>					

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <u>Hempstead</u>	How long <u>several yrs -</u>
Immediate <u>Delirium & Exhaustion</u>	How long <u>about one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. P. E. M. Jr.</u>
	Address <u>Presbyterian Med. 3</u>
Accident or Suicide? <u>No</u>	

Lilly U. Zilch
Bonnie Bear

Name
in
Full

Mary E. Sapp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Died at	Canton	Balto.			
Date of death	Month	Day	Years	Months	Days
1908	Dec.	1	25	11	27
Sex	Color or Race	Birth-place			
Female	white	Balto			
Occupation	Where Residing if not at place of death				
Housewife	29220 Donnell St. Balt. Md.				
Married, Single or Widowed	Name of Wife or Husband	George F. Sapp.			
Married	George F. Sapp.				
Father's Name	Wm F. Tomullen	Father's Birthplace	Baltimore		
Mother's Maiden Name	Margaret H. Woosley	Mother's Birthplace	Baltimore		
Name of person giving information	Geo. F. Sapp.	How related to deceased	Husband		

CAUSES OF DEATH

137

How long

10 days

How long

at + 3 day

PHYSICIAN
OR CORONER

Primary

Labor. (posty retained membranes)

Immediate

Puerperal Septicemia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

G. F. M. Wright

Address

Canton & Hill St. Balt. Md.

Accident or Suicide?

H. Sanden & Sons.
1st Evangelical Cemetery
Dec. 4th 1908

Mr. Wright.

Name
in
Full

Wm. B. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	St Agnes Hospital Baltimore			County		
Died at	Date of death	Month	Day	Years	Months	Days
	1908	Dec	25	Age	62	
Sex	Male	Color or Race	White	Birth-place	Unknown	
Occupation	Physician	Where Residing if not at place of death	St. Agnes Hospital			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Unknown			
Father's Name	Unknown	Father's Birthplace	Unknown			
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown			
Name of person giving information	Hospital Records	How related to deceased	.	—		

PHYSICIAN
OR CORONER

Primary

Lobar pneumonia

93

1 week?

Immediate

Taxaemia & Conv.

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

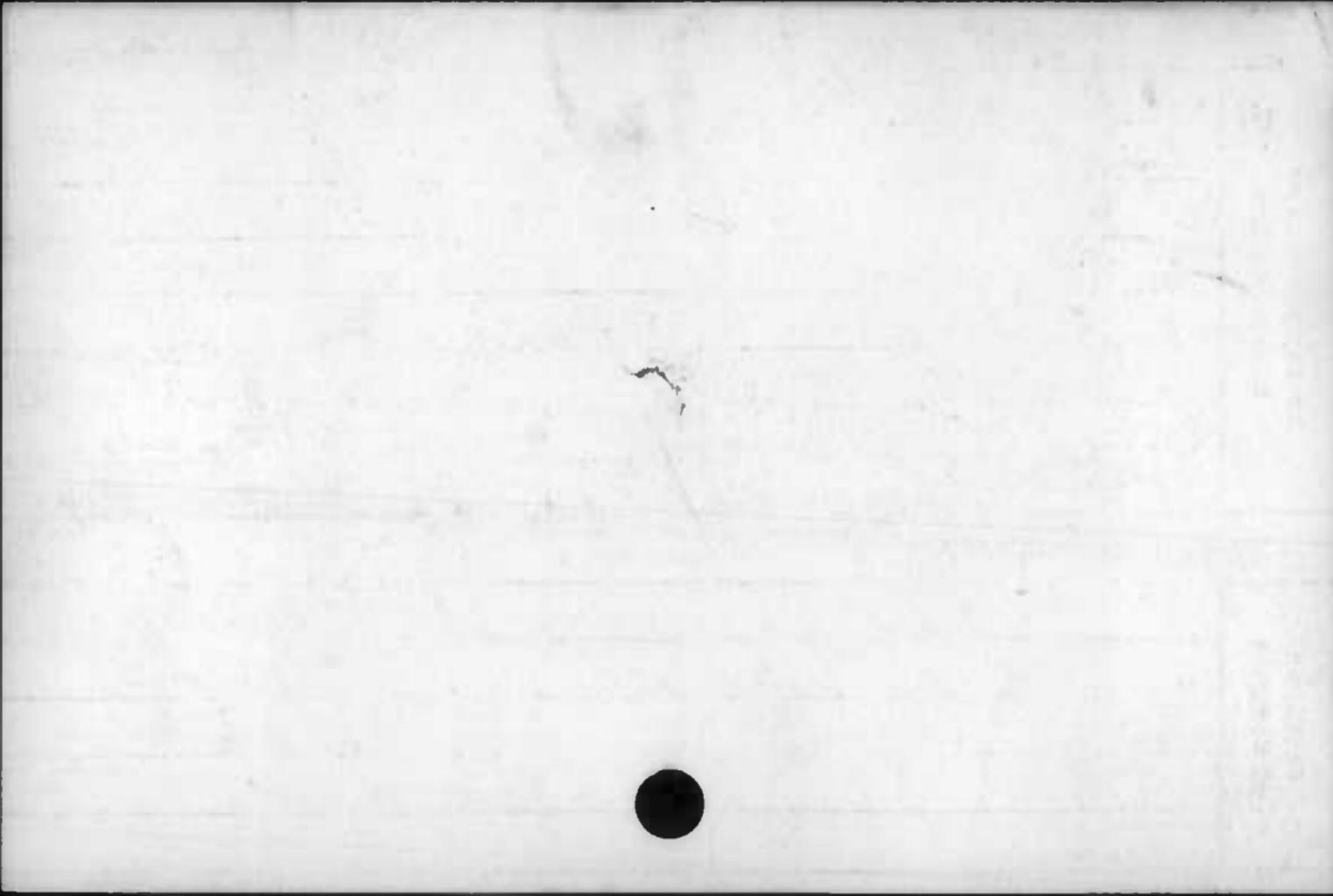
Yrs

Signature of Physician

Address

St Landrock
St Agnes Hospital

Accident or Suicide?



Name
in
Full

Gustave Scheibein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rossville</u>		Town <u>Balto</u>	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>12</u>	Day <u>4</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>14</u>
Sex <u>Male</u>	Occupation <u>—</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>Maryland Rossville</u>	Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Frank Scherbein</u>				Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Laura Streett</u>				Mother's Birthplace <u>—</u>		
Name of person giving Information <u>Harry Scherbein</u>				How related to deceased <u>Grand Father</u>		

CAUSES OF DEATH

151

How long —

How long —

PHYSICIAN
OR CORONER

Primary

Congenital Debility

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Joseph A. Neumayer J. P.
Coroner
Box 86 Rosselburg Ind.

Accident or Suicide?

Fred Cassadon
New Methodist Cemetery
Phila Road

Name
in
Full

Martin S. Schenk

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	1108 S. First St.			
Father's Name	Lawrence Schenk			Baltimore Co. Md.	
Mother's Maiden Name	May Glavell			Baltimore Co. Md.	
Name of person giving information	Lawrence Schenk			How related to deceased Father.	

CAUSES OF DEATH

92

Primary	Broncho Pneumonia	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Yes	
	Signature of Physician	Herbert Lewinsohn MD
	Address	1013 S. Canton St.
Accident or Suicide?	-	

Sacred Heart Cemetery

Dec 11th 08

Lilly and Zeiler

Name
in
Full

Mary Anna Schick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Highlandtown Town County
Date of death 1908 Month Dec Day 18th Year 69 Age 69 Month 9 Days -
Sex Female Color or Race White Birth-place Germany
Occupation House Wife Where Residing if not at place of death 3431 E. Balto St
Married, Single or Widowed Married Name of Wife or Husband John Schick
Father's Name Don't Know Father's Birthplace Germany
Mother's Maiden Name " Mother's Birthplace "
Name of person giving Information John Schick How related to deceased Husband

PHYSICIAN
OR CORONER

Primary

bold
Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

CAUSES OF DEATH

93

How long

How long

Signature of Physician

Address

W. J. Ladd, M. D.
111 P. Broadway

Accident or Suicide

Holy Redeemer Cemetery

Dec 21st 08

Lilly and Zeiler
Undertakers

Name
in
Full

John Schriiper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Highlandtown		Balto.			MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1908	Dec.	6 th	46'		3	
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Laborer		Where Residing if not at place of death	701 S. Clinton St.		
Married, Single or Widowed	Married	Name of Wife or Husband	Catharine Schriiper			
Father's Name	John Schriiper		Father's Birthplace	Germany		
Mother's Maiden Name	Catharine Borey		Mother's Birthplace	" "		
Name of person giving information	Catharine Schriiper		How related to deceased	Wife		

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	Sanguine of Scrotum		How long	if week
Immediate	Septicemia		How long	3 days
Are the name, age, sex, color, date, and place correctly given above?	Yes	Signature of Physician	Dr. F. A. Geantz	
		Address	3241 East Ave.	
Accident or Suicide?	11			

Sacred Heart Cemetery

DEC 9 - 1908

Lilly and Zeiler
Undertakers

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

William S. Slade

CERTIFICATE OF DEATH

Town	County	MARYLAND		
Died at Sherwood	Baltimore	Month	Days	
Date of death 1908 Dec	10-7	Day	Years	Months
Age 54	5-4			Days
Sex Male	Color or Race White	Birth-place Pa		
Occupation Laborer	Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband Mary E. Slade			
Father's Name Don't know		Father's Birthplace Pa		
Mother's Maiden Name Don't know		Mother's Birthplace Pa		
Name of person giving information Mary E. Slade		How related to deceased		Wife

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary

Alcoholism Toxaemia

How long

Three days

Immediate

Barium Toxaemia

How long

Forty hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wm P. Quirk -
Ridley

Accident or Suicide?

John J Faherty & Son
Sadlers Church

Name
in
Full

Anna E. Shauawolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	white	Birth-place	New Jersey	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Conrad Shauawolf			Father's Birthplace	Balt. Md.	
Mother's Maiden Name	Edith Thow			Mother's Birthplace	Balt. Md.	
Name of person giving information	Mr. Sanders			How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

3 days

Immediate

Cardiac Syncope

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W.W. Jones M.D.
3116 Difernell St

Accident or Suicide?

Int. Cenotaph Cemetery
Dec. 23rd 1908

H. Tander Sons.

Name
in
Full

John Sherman
Ball, Co Alushouse

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Baltimore County			
Date of death 190	Month 12	Day 7	Age 85	Years
Sex Male	Color or Race white	Birth-place Germany		
Occupation Unknown	Where Residing if not at place of death as above			
Married, Single or Widowed Unknown	Name of Wife or Husband Unknown			
Father's Name Unknown	Father's Birthplace Unknown			
Mother's Maiden Name Unknown	Mother's Birthplace Unknown			
Name of person giving information Alushouse Register	How related to deceased			

CAUSES OF DEATH

15-4

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Infirmities of old age

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. T. C. Bussey

Texas Md.

Accident or Suicide? No

George L. Hurley
Driver for Anatomical
board

Anatomical board

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Catherine Sholl
Died at Sparrows Point Town: Sparrows Point County: Baltimore
Date of death: 1908 Month: 12 Day: 19 Years: 87 Months: Birth place: 9 Prince.
Sex: F - Color or Race: white
Occupation: Nurse Where Residing if not et place of death
Married, Single or Widowed: Widow Name of Wife or Husband: Jacob Sholl
Father's Name: Frank Sholl Father's Birthplace: Queen
Mother's Maiden Name: "Engine" Sholl Mother's Birthplace: Prince
Name of person giving information: Son How related to deceased

CAUSES OF DEATH

93

Primary

Pneumonia

How long
3 days

Immediate

Age & Exhaustion

How long
1/2 hours

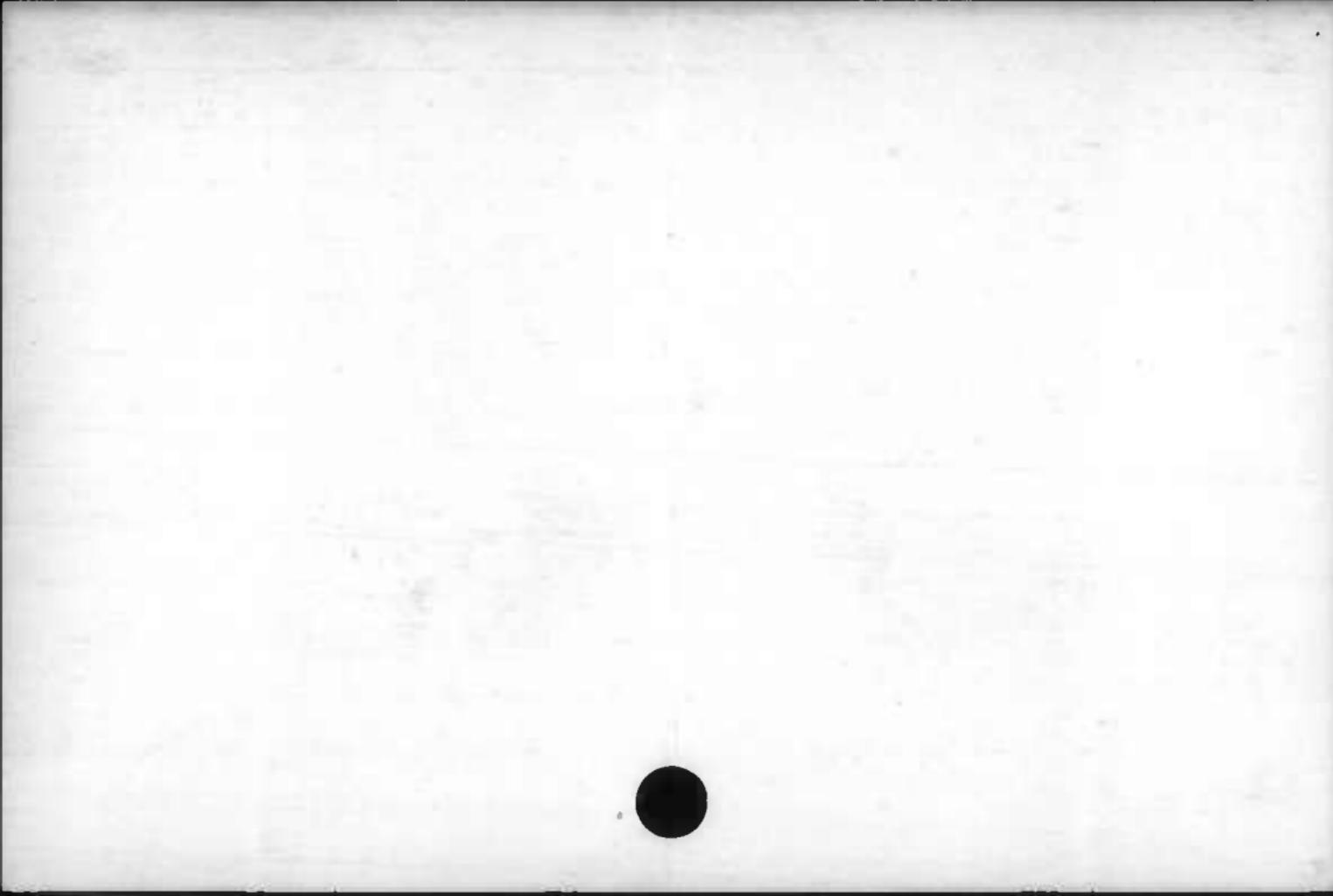
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

H. Woodward M.D.
Sparrows Point
Md.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary E Smith

Town

Died at Leulaneys Valley

County

Brew

CERTIFICATE OF DEATH

MARYLAND

Date of death 1908 Month Dec. Day 26

Years

Age 70

Months

not known

Days

not known

Sex Female

Color or Race

Black

Birth-place

Baltimore Co.

Occupation

House Keeper

Where Residing if not
at place of death

At few of deaths

Married, Single
or Widowed

widowed

Name of Wife or
Husband

All. Smith.

Father's Name

Caesar Hawkins

Father's Birthplace

not known

Mother's Maiden Name

27558 not known

Mother's Birthplace

i. --

Name of person giving
Information

Geo. W. Smith

How related
to deceased

Son

CAUSES OF DEATH

Primary

Fallop

10

How long

2 weeks

Immediate

Pneumonia

How long

one week

Are the name, age, sex, color, date
and place correctly given above?

not known

Signature of
Physician

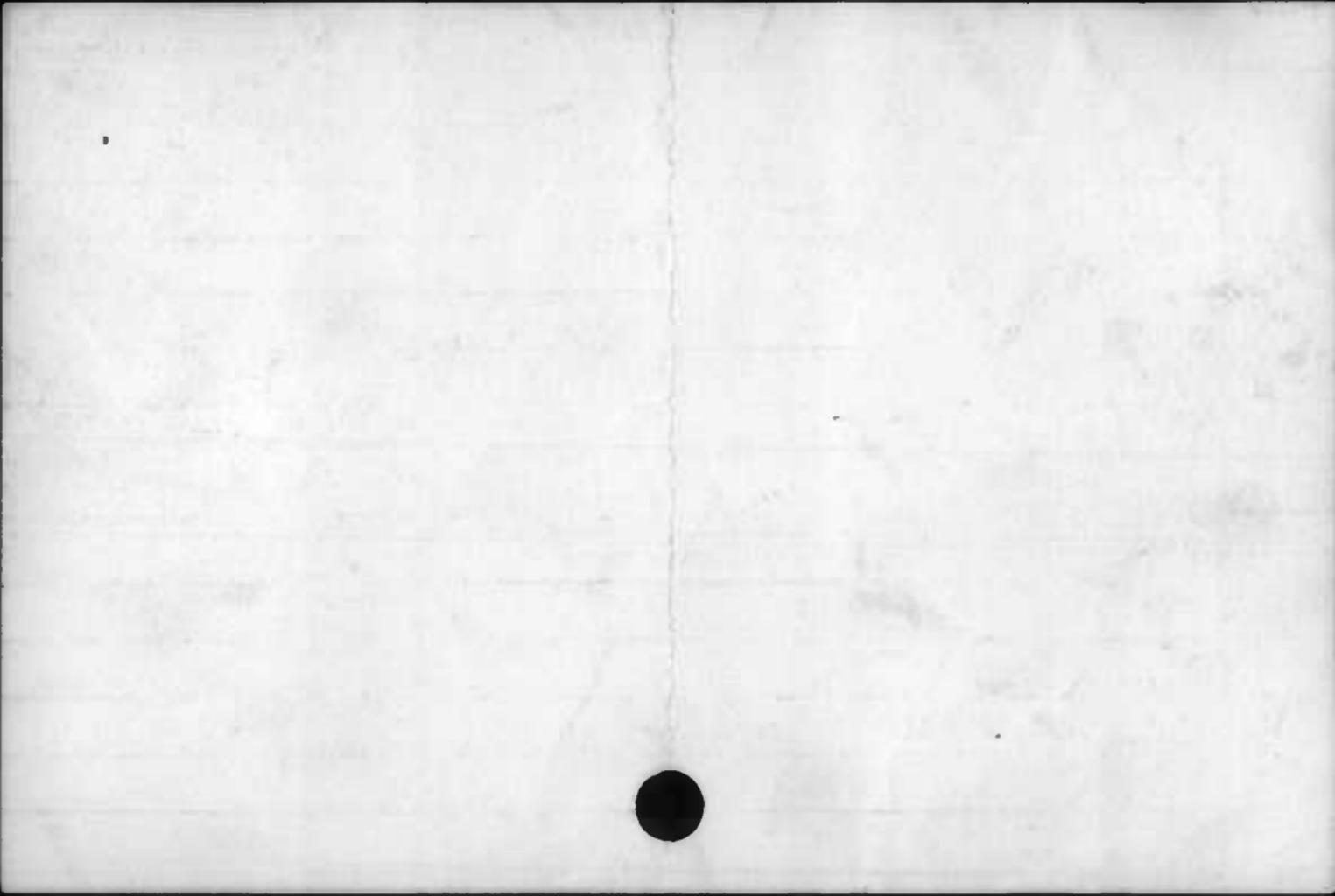
Address

John S. Green

Gittings,

Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Infant of John and Ella Stagewald

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Age	white	Birth-place	Baltimore
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Dame		
Father's Name	John Stagewald				
Mother's Maiden Name	Ella Magon				
Name of person giving Information	John Stagewald Father				

CAUSES OF DEATH

151

How long

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

John
Moran —

Met Oliver Cau

Dec. 4/08

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still born infant Stanley

CERTIFICATE OF DEATH

Died at Sparrows Point		County Baltimore		MARYLAND		
Date of death	Month 1908 Dec	Day 16	Years —	Months —	Days —	
Sex Male	Color or Race Col	Birth-place Sparrows Point				
Occupation —	Where Residing if not at place of death					
Married, Single or Widowed —	Name of Wife or Husband —					
Father's Name Cornelius Stanley	Father's Birthplace Md					
Mother's Maiden Name Lena Redmond	Mother's Birthplace N. C					
Name of person giving information Lena R. Stanley	How related to deceased mother					

CAUSES OF DEATH

Primary Still born infant

Immediate —

Are the name, age, sex, color, date and place correctly given above?

yes

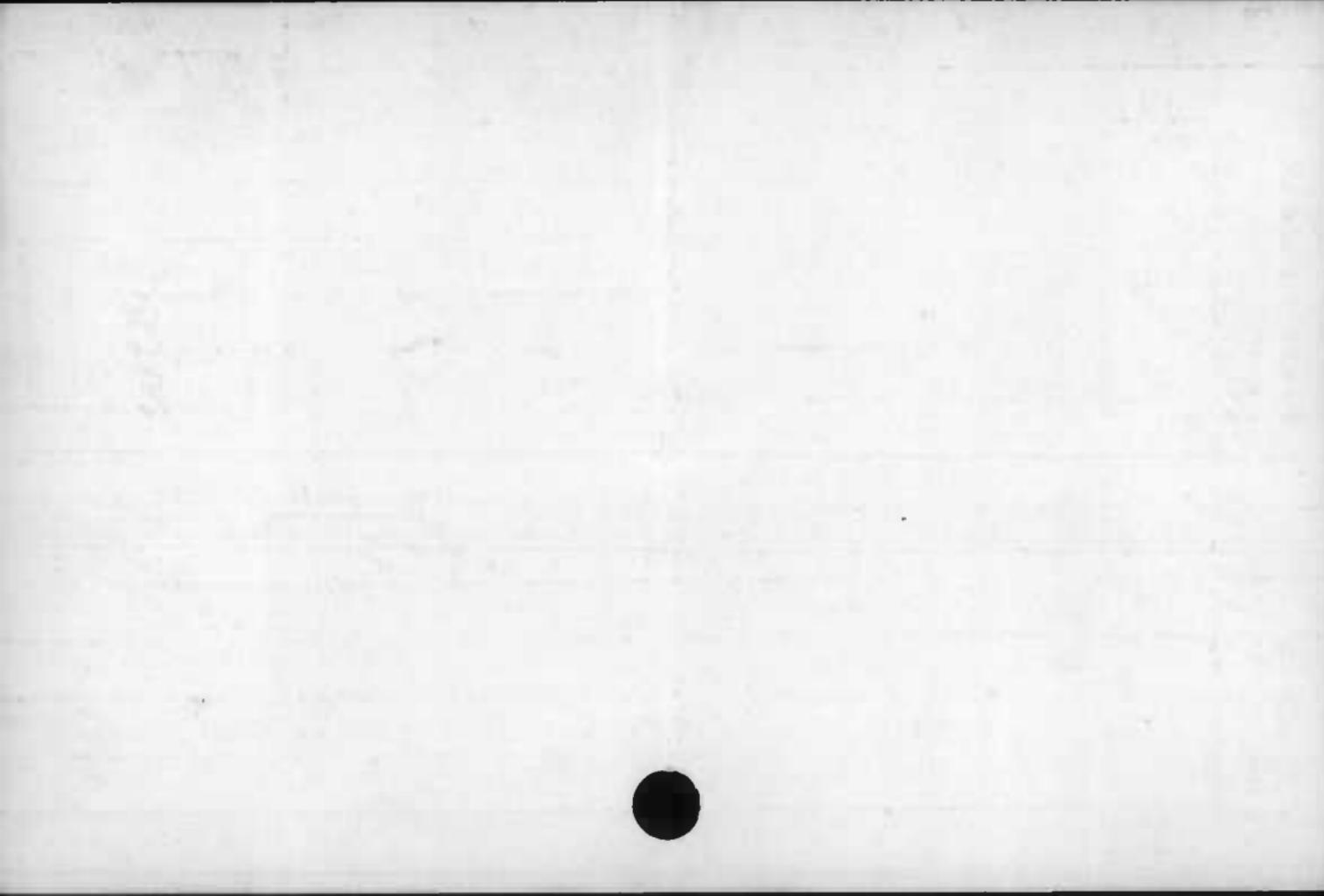
Signature of Physician

Address

Accident or Suicide?

no

G. L. McCormick M.D.
Sparrows Point
Md.



Name
in
Full

Anna M. Stoudemire

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore Park	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	Dec.	18	20	3	1	
Sex	Female	Color or Race	White	Birth-place	Baltimore Md	
Occupation	none	Where Residing If not at place of death			Baltimore Park	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Rev Wm C Stoudemire	Father's Birthplace	S Carolina			
Mother's Maiden Name	Jodie Cowles	Mother's Birthplace	Baltimore Md			
Name of person giving information	Jodie Cowles Stoudemire	How related to deceased	Mother			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Pneumonia & Typhoid Fever*

Immediate *Hemorrhage & Heart Failure*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

1
How long

How long

20 days

4 days

Dr D Wells
9011 Hough Ave

Address

Accident or Suicide?

George Schelling & Sons

Sandown Park

Dec. 19/1808

Name
in
Full

Robert Summers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Died at	Shandung near Parkton	Baltimore				
Date of death	1908	Month	Day	Years	Month	Day
	12		7	5	2	20
Sex	Male	Color or Race	White	Birth-place	Balt.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Samuel Summers					
Mother's Maiden Name	Lula Long					
Name of person giving Information	Silda McBelvey					

CAUSES OF DEATH

Primary

Hunting in slop barrel

Immediate

strychnia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

172

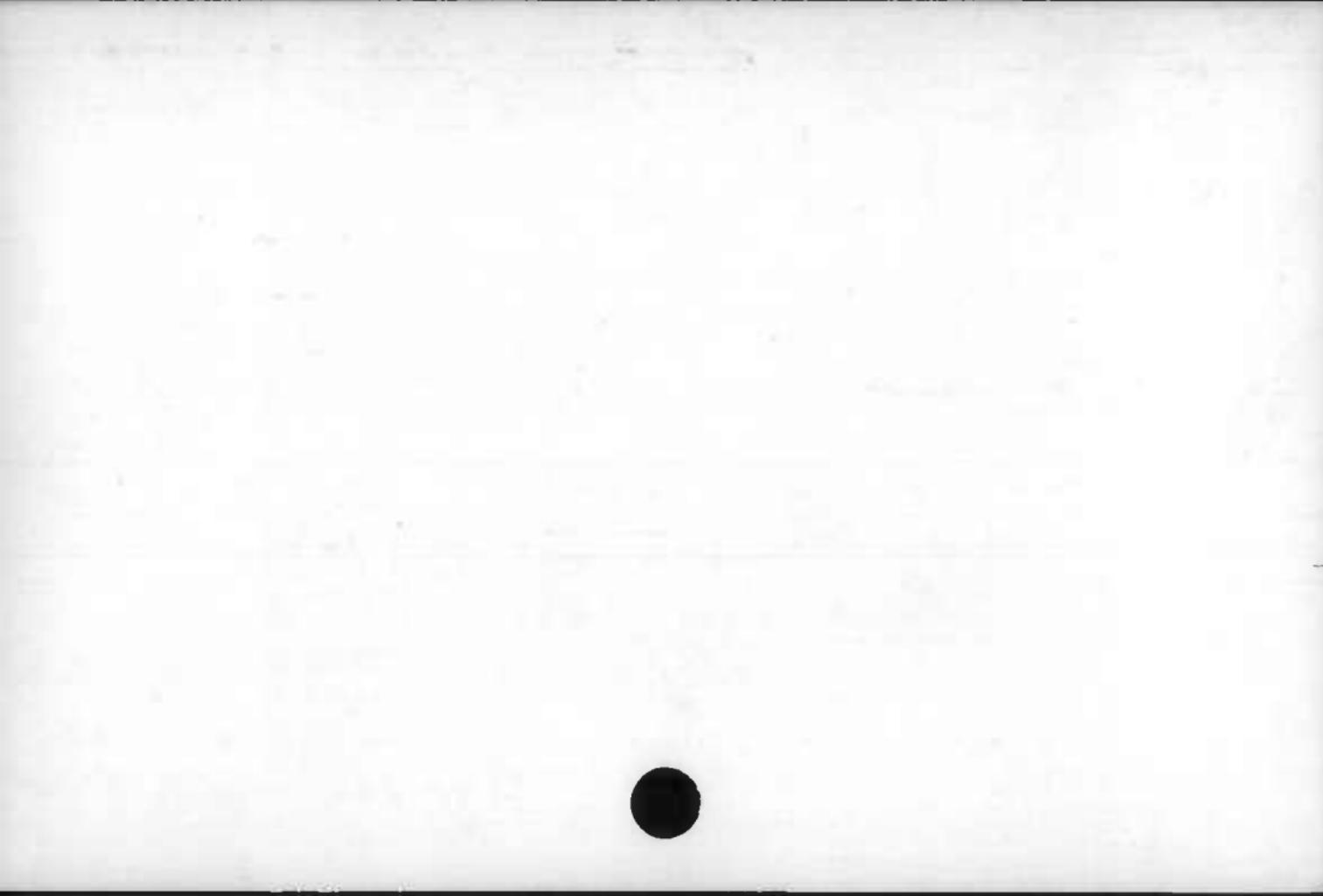
How long

How long

About
five minutes

E.W. Loyde M.D.
Parkton
Md.

Accident or Suicide



Name
in
Full

John Albert Summersville

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gackapville</u>		Town <u>Baltimore</u> County		MARYLAND		
Date of death <u>1908</u>	Month <u>Dec</u>	Day <u>8</u>	Years <u>78</u>	Months <u>2</u>	Days <u>8</u>	
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-place <u>Baltimore Co</u>	
Occupation <u>Builder (H Carpenter)</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ellen Catherine Fisher</u>				Father's Birthplace <u>England</u>	
Father's Name <u>Jas Summersville</u>				Mother's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary Smith</u>				How related to deceased <u>Son</u>		
Name of person giving information <u>Mr Olivia Mitchell</u>				79		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular Disease of Aorta

12 months

Immediate

Diarrhoea (Calicecolism)

2 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr W. R. Baugher

Address

Gackapville Md

Accident or Suicide?



Name
in
Full

Angele Wilhelmia Taepfner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at 1st on 4/16 th Lower Carter		County Baltimore		MARYLAND	
Date of death 1908	Month 12	Day 1	Age 2	Months 7	Days 6
Sex Female	Color or Race White	Birth-place Baltimore Co. Md.			
Occupation Child now	Where Residing if not at place of death at place of death				
Married, Single or Widowed "	Name of Wife or Husband _____				
Father's Name John Taepfner (deceased)	Father's Birthplace Germany				
Mother's Maiden Name Anna W. Taepfner	Mother's Birthplace Maryland				
Name of person giving Information Mrs Schmidtmann	How related to deceased Grandmother				

CAUSES OF DEATH

92

How long

15 days

Primary

Broncho-Pneumonia

Immediate

Cardiac Exhastion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

G. F. Ries

213 S. Bond St.

Baltimore

PHYSICIAN
OR CORONER

Accident or Suicide

J.C. Schulte & Son
3415 E. Balto St.

Oaklawn Cemetery
Dec. 3rd, 1981,

Name
in
Full

James H. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Highlandtown	Baltimore			
Date of death	Month	Day	Year	Months	Days
1908	12	18	62	-	-
Sex	Color or Race	Birth-place			
Male	White	Harford Co.			
Occupation	Where Residing if not at place of death				
Carpenter	3573 Clarmount				
Married, Single or Widowed	Name of Wife or Husband	Margaret E. Taylor			
Married	Henry S. Taylor	Father's Birthplace	Harford Co.		
Mother's Maiden Name	Susan	Mother's Birthplace	" " wife		
Name of person giving Information	Margaret E. Taylor	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer Stomache

40

How long

2 yrs.

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. L. G. Maxfield,
34 Gough
Highlandtown Md

Accident or Suicide

110

Mt. Carmel Gem

J Herring Jrn
12/20/08

Name
in
Full

Still Born Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Baltimore	Months	Days
Date of death	1908 12 21	Age	
Sex	Female	Color or Race	White
Occupation	None	Where Residing if not at place of death	Towson
Married, Single or Widowed	Single	Name of Wife or Husband	None
Father's Name	W ^m Burrows Taylor.	Father's Birthplace	Frederick, Md
Mother's Maiden Name	Alice Stanisipow	Mother's Birthplace	Beth,
Name of person giving Information	Mrs. Wm B. Taylor.	How related to deceased	Mother.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still born baby. Female
Immediate Due to protracted labor

How long

Are the name, age, sex, color, date
and place correctly given above?

How long

Yes

Signature of
Physician

Address

Glo A. Rocking
St. H. Baltimore, Md

Accident or Suicide

John Burns Son
Towson

Baltimore Cemetery

Name
in
Full

Charles H. Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Hollywood Park		Balto.				
Date of death	Month	Day	Years	Months	Days	
1908	Dec	15 th	35	7		
Sex	Male	Color or Race	White	Birth-place	Boston Mass.	
Occupation	Bartender	Where Residing if not at place of death			Hollywood Park	
Married, Single or Widowed	Married	Name of Wife or Husband	Cora M. Townsend			
Father's Name	Henry Townsend				Father's Birthplace	Boston Mass.
Mother's Maiden Name	Loretta				Mother's Birthplace	Ashmore
Name of person giving Information	Cora M. Townsend				How related to deceased	Wife

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Phthisis

27

How long

Immediate Had been under treatment for 3 months at

Are the name, age, sex, color, date and place correctly given above?

H. Hospital

Signature of Physician

Address

Dr W. Sudok
3316 E. Balto St

Accident or Suicide

Lilly and Zeiler
Undertakers
Dec 17th 08

Name
in
Full

Mrs Clarissa Trudwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County			MARYLAND		
Died at	Spinn Point Farm	St. Calloway				
Date of death	1905	Month Dec.	Day 8	Years 60	Months -	Days -
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Hummers	Where Residing if not at place of death				
Married, Single or Widowed	Stephens Trudwell.					
Father's Name	John McClellan					
Mother's Maiden Name	Mary McCay					
Name of person giving Information	Clarissa Trudwell					

CAUSES OF DEATH

Primary

Ademic Nephritis

64

How long

Serial Murder

Immediate

Cerebral Hemorrhage

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

yes

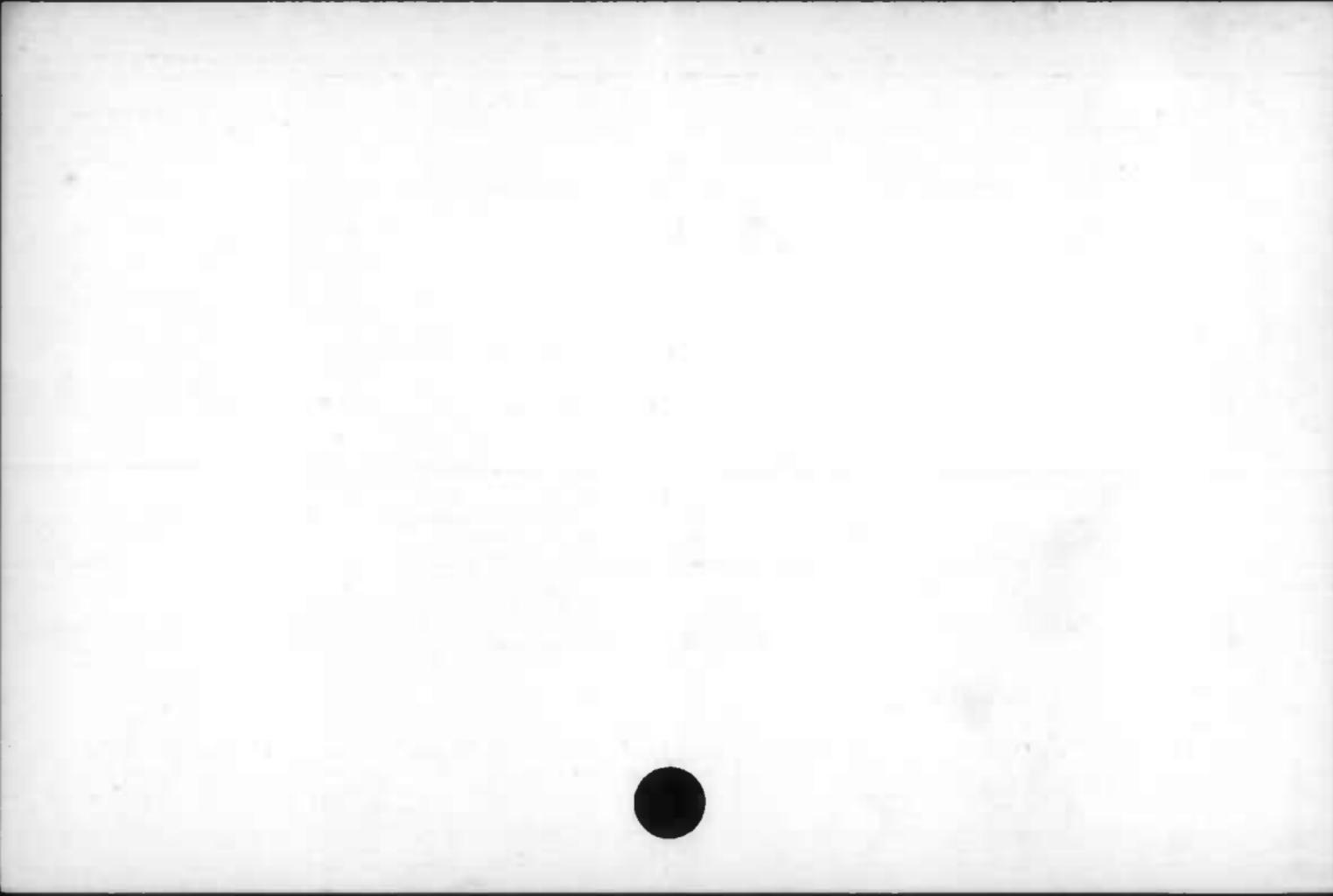
Signature of Physician

Address

Frank C Glaser

Accident or Suicide

W



Name
in
Full

William D. D. Trotter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at	Mount Washington	Baltimore			
Date of death	1908	Month	December	Day	19 th
				Age	25
				Years	
				Months	
				Days	
Sex	Male	Color or Race	White	Birth-place	Glasgow, Scotland
Occupation	Master Plumber				
Where Residing if not at place of death	303 E. Preston St.				
Married, Single or Widowed	Single	Name of Wife or Husband	none		
Father's Name	James Trotter				
Mother's Maiden Name	Catherine Loan				
Name of person giving Information	John R. Trotter				
CAUSES OF DEATH					
Primary	Overexertion				
Immediate	Cerebral hemorrhage				
Are the name, age, sex, color, date and place correctly given above?	Yes				
Signature of Physician	H. Holliday Enrich				
Address	Coroner - Arlington, Md				
Accident or Suicide?	Accident				

64

How long

30 minutes

How long

immediate

H. Holliday Enrich

Coroner - Arlington, Md

E. Madison Mitchell.

Name
in
Full

Daniel Thomas Trout

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND		
Died at	Shane	Baltimore				
Date of death	1908	Month Dec	Day 13	Years 67	Months 9	Days 28
Sex	Male	Color or Race	White	Birth-place	Penns.	
Occupation	Farmer			Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Sarah Elizabeth Seminill			
Father's Name	Abram Trout			Father's Birthplace	Penns.	
Mother's Maiden Name	Violet Morrison			Mother's Birthplace	Penns.	
Name of person giving Information	George Wilson			How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paresis		
Immediate	Paralytic Coma		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Tomillard Strubing,
		Address	White Hall, R.F.D., Maryland.
Accident or Suicide?			

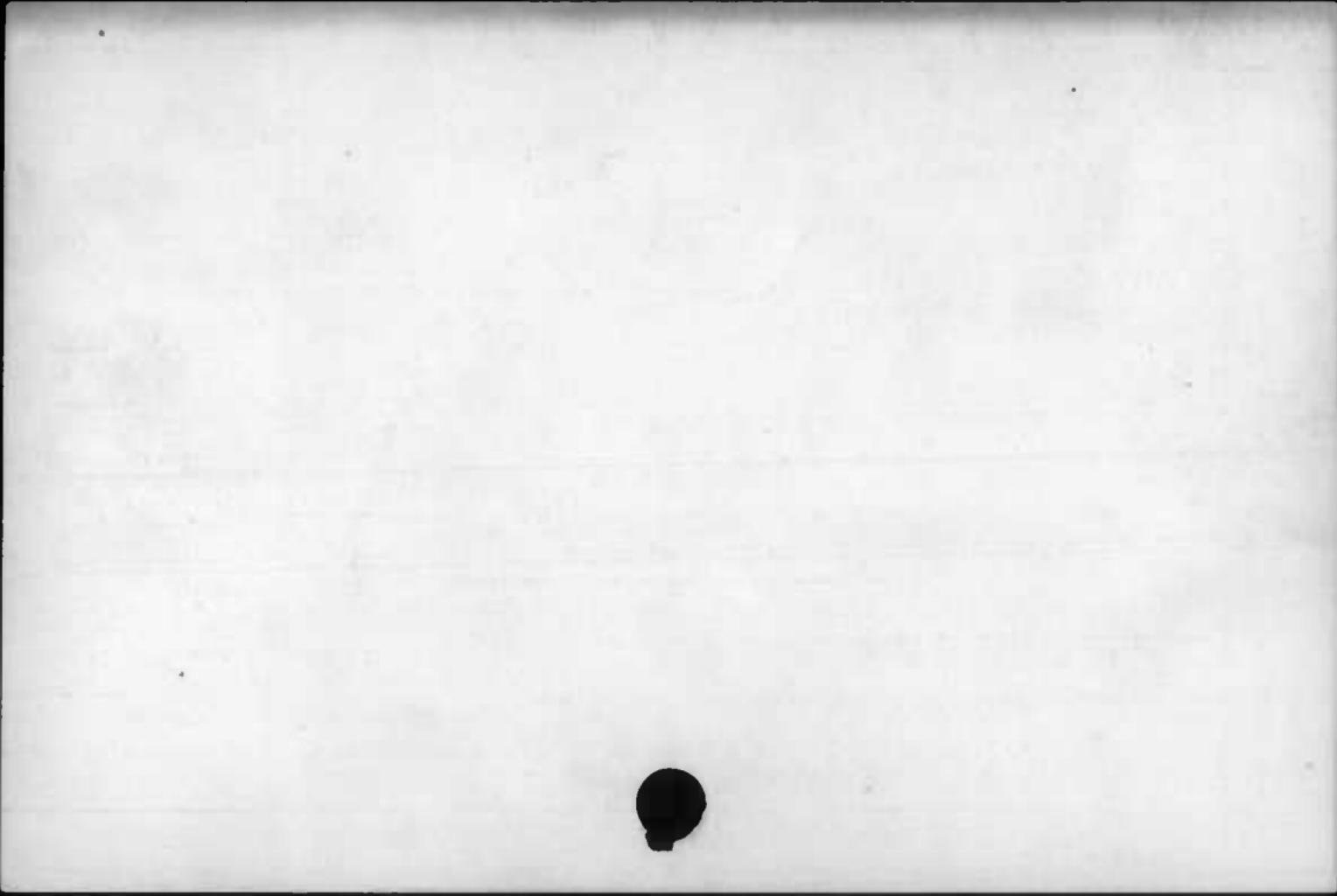
66

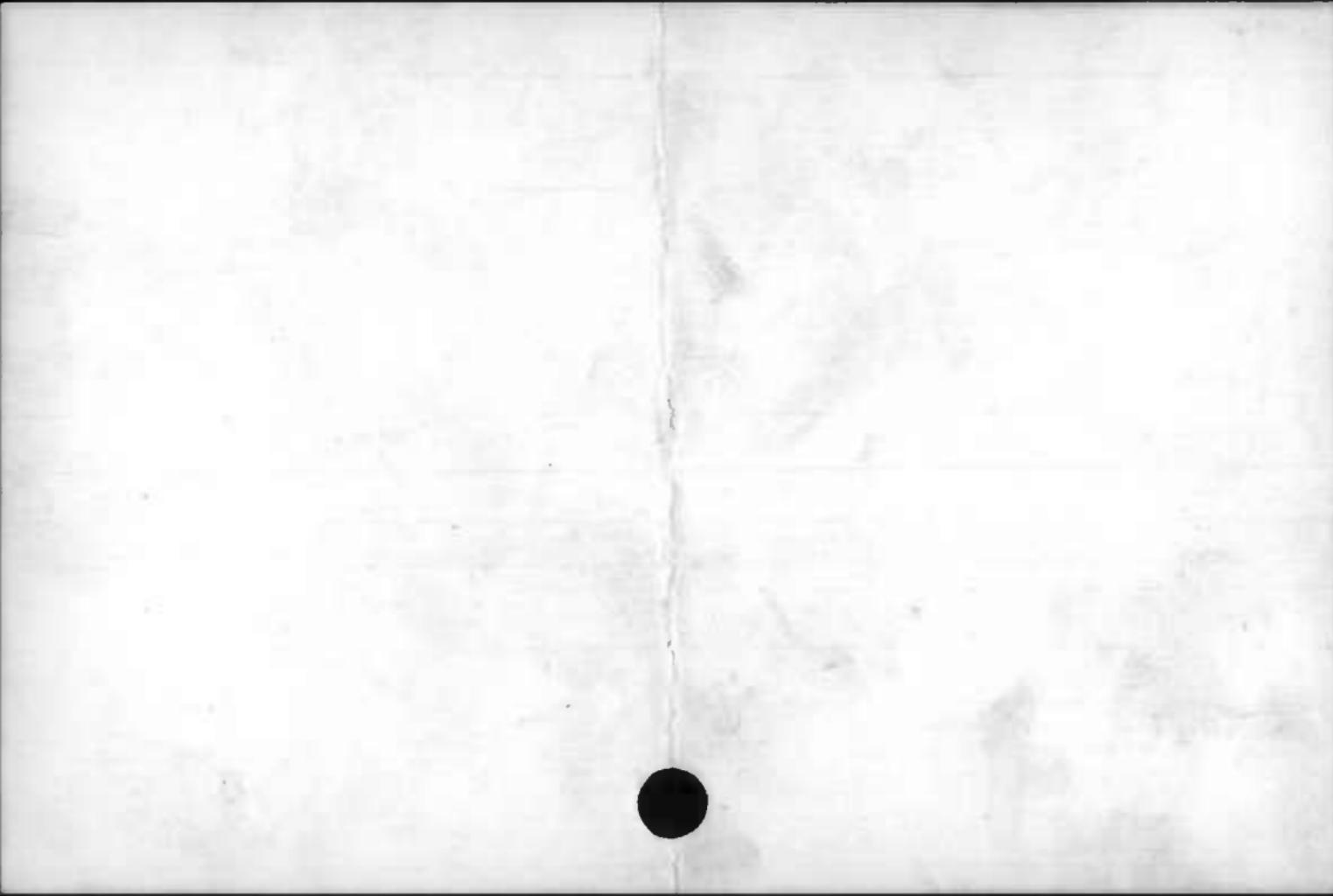
How long

three years

How long

three days





Name
in
Full

John B Upman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town

Died at Catonsville

County

Baltimore

MARYLAND

Date
of death 1908

Month

12

Day

11

Years

79

Months

4

Days

16

Age

Age

Sex

Male

Color or
Race

White

Birth-
place

Hanover Germany

Occupation

Farmer —

Where Residing if not
at place of death

Rolling Rd Catonsville

Married, Single
or Widowed

Name of Wife or
Husband

Ms Ellen M Upman

Father's
Birthplace

Germany

Father's
Name

Henry Upman

Mother's
Maiden Name

Mary Freeman

Mother's
Birthplace

Germany

Name of person giving
Information

Mrs. Ellen Upman

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Right Hemiplegia

66

How long

6 months

Immediate

Exhaustion, & Coma

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

John Upman
Catonsville

PHYSICIAN
OR CORONER

Accident or Suicide

Joseph B Cook
New Cathedral
Dec 14, 1908

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH				
Died at	Month	Day	Year	MARYLAND
Highlandtown	July	26	Age _____	Months _____ Days _____
Date of death 1908	Color or Race	Where Residing if not at place of death	Birth-place	
Sex Male	White	Highlandtown	Highlandtown	
Occupation		412 S. 5 th St.,		
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Peter Wachtler		Father's Birthplace	Germany.
Mother's Maiden Name	Susanna Waretz		Mother's Birthplace	"
Name of person giving information	Peter Wachtler (S)		How related to deceased	Father.
CAUSES OF DEATH				
Primary	Premature birth.	St. March	How long	_____
Immediate			How long	_____
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	Dr. McNamee M.D.	
		Address	619 S Clinton St. - Highlandtown Md.	
Accident or Suicide	<i>M.</i>			

Sacred Heart Cemetery

— 12 / 27 / 08 —

J. Young and Son. —

Name
in
Full

Mary A Walther

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Raspeburg</i>	County <i>Baltimore</i>	MARYLAND	
Date of death 1908	Month Dec	Day 30 th	Years 30	Months 10
Sex Female	Color or Race white	Birth-place Baltimore	Days 30	
Occupation H.W.	Where Readind if not et piece of death <i>Raspeburg</i>			
Married, Single or Widowed Married	Name of Wife or Husband <i>Soris Walther</i>			
Father's Name Ernest C Senter	Father's Birthplace Baltimore			
Mother's Maiden Name Elizabeth Schaefer	Mother's Birthplace Baltimore			
Name of person giving Information Ernest C Senter	How related to deceased Father			

CAUSES OF DEATH

129

How long

Primary

Uterine tumor

4 years

Immediate Functional disturbance of other organs Exhaustion

Are the name, age, sex, color, date
and pleca correctly given above?

yes

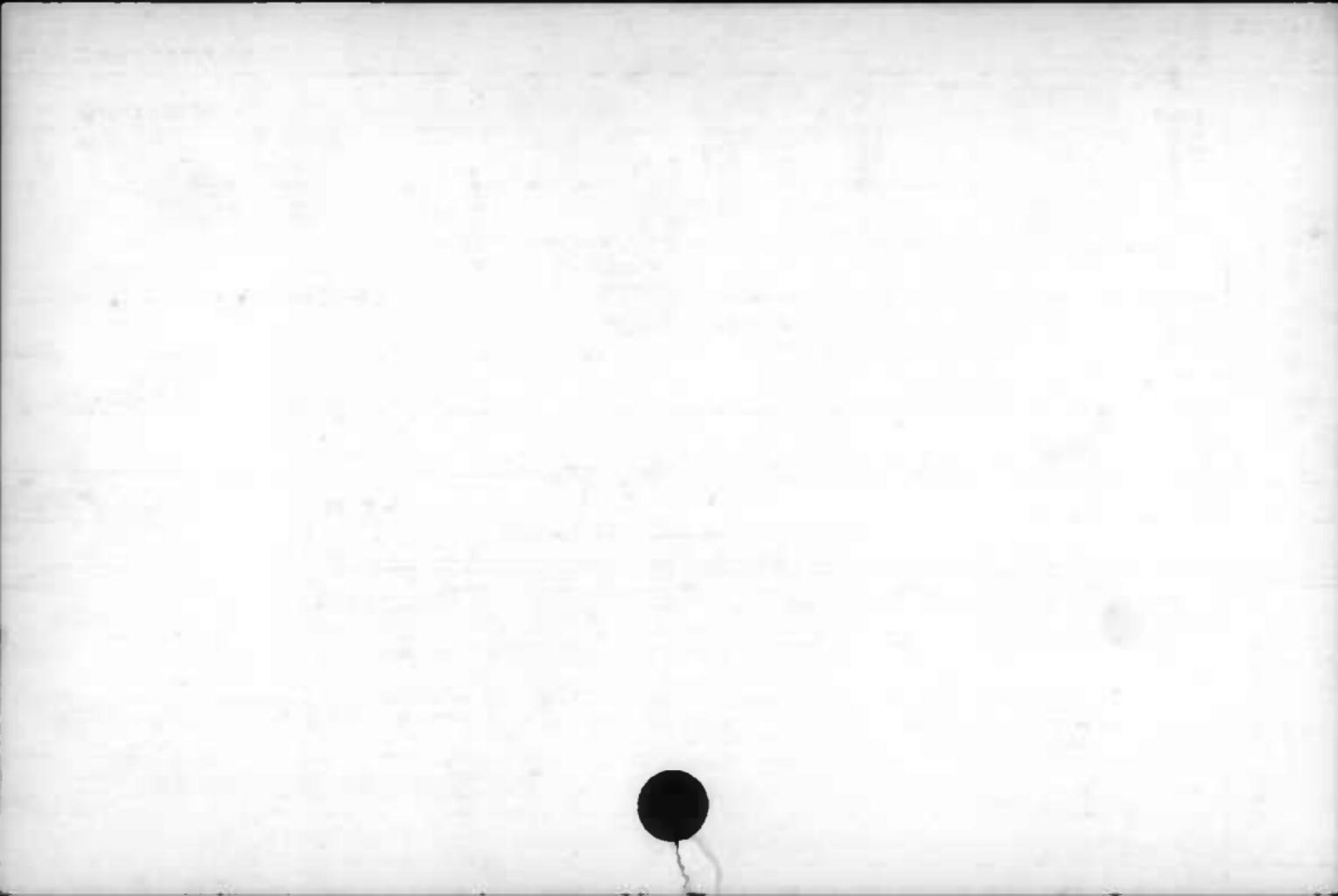
Signature of
Physician

Address

Joseph B Webster M.D.
Raspeburg 2nd

PHYSICIAN
OR CORONER

Accident or Suicide no



Name
in
Full

Aura Wilhorska

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

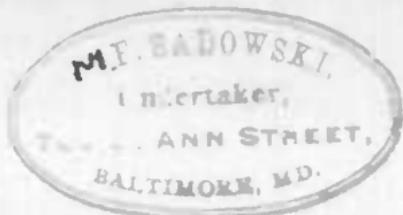
Died at <u>Geo. Loken's, North Point Road</u> Town <u>Baltimore</u> County					MARYLAND	
Date of death <u>1908</u>	Month <u>12</u>	Day <u>4</u>	Age <u>97</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>				Birth-place <u>Germany</u>	
Occupation <u>House-wife</u>	Where Residing if not at place of death					-
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband		<u>Albert Wilhorska.</u>			
Father's Name <u>Dont know.</u>						Father's Birthplace <u>Germany</u>
Mother's Maiden Name <u>"</u>						Mother's Birthplace <u>"</u>
Name of person giving information <u>M. F. Sudrowski.</u>						How related to deceased <u>Friend.</u>

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <u>General Debility from old age</u>	How long <u>about 2 weeks</u>
Immediate <u>-</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John H. Rehberger, M.D.</u>
	Address <u># 1709 Alice Avenue</u>
Accident or Suicide?	



Holy Rosary Cemetery

DEC 6 - 1908

Name
in
Full

Amelia Wolf.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died et Canton	Town Baltimore	County Baltimore	MARYLAND
Date of death 1908	Month Dec	Day 28	Years 9 Months
Sex Female	Color or Race White	Birth- place Canton	Months 9 Months
Occupation	Where Residing if not at place of death 1117 East Ave		
Married, Single or Widowed	Name of Wife or Husband	Father's Name B. Wolfe	Father's Birthplace Germany
Mother's Maiden Name Barbara Danneran	Mother's Birthplace Baltimore		
Name of person giving Information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Broncho pneumonia	92
Immediate Cardiac exhaustion	How long Four days
Are the name, age, sex, color, date and place correctly given above? Yes	How long one day
Signature of Physician E. Adelby	Address 3217 Fair Ave
Accident or Suicide?	

Wudell Sippel Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Carl York
Town
Baltimore

County
Baltimore

MARYLAND

Diad st Birth Month Day Year Month Days
Date of death 1908 Oct 10 1 7 —
Sex Male Color or Race Calite Birth-place Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Howard York

Father's Birthplace

Md

Mother's
Maiden Name

Gertude Enriey

Mother's Birthplace

Md

Name of person giving
Information

Howard York

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Bronchitis Pneumonia

92

3 weeks

Immediata

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

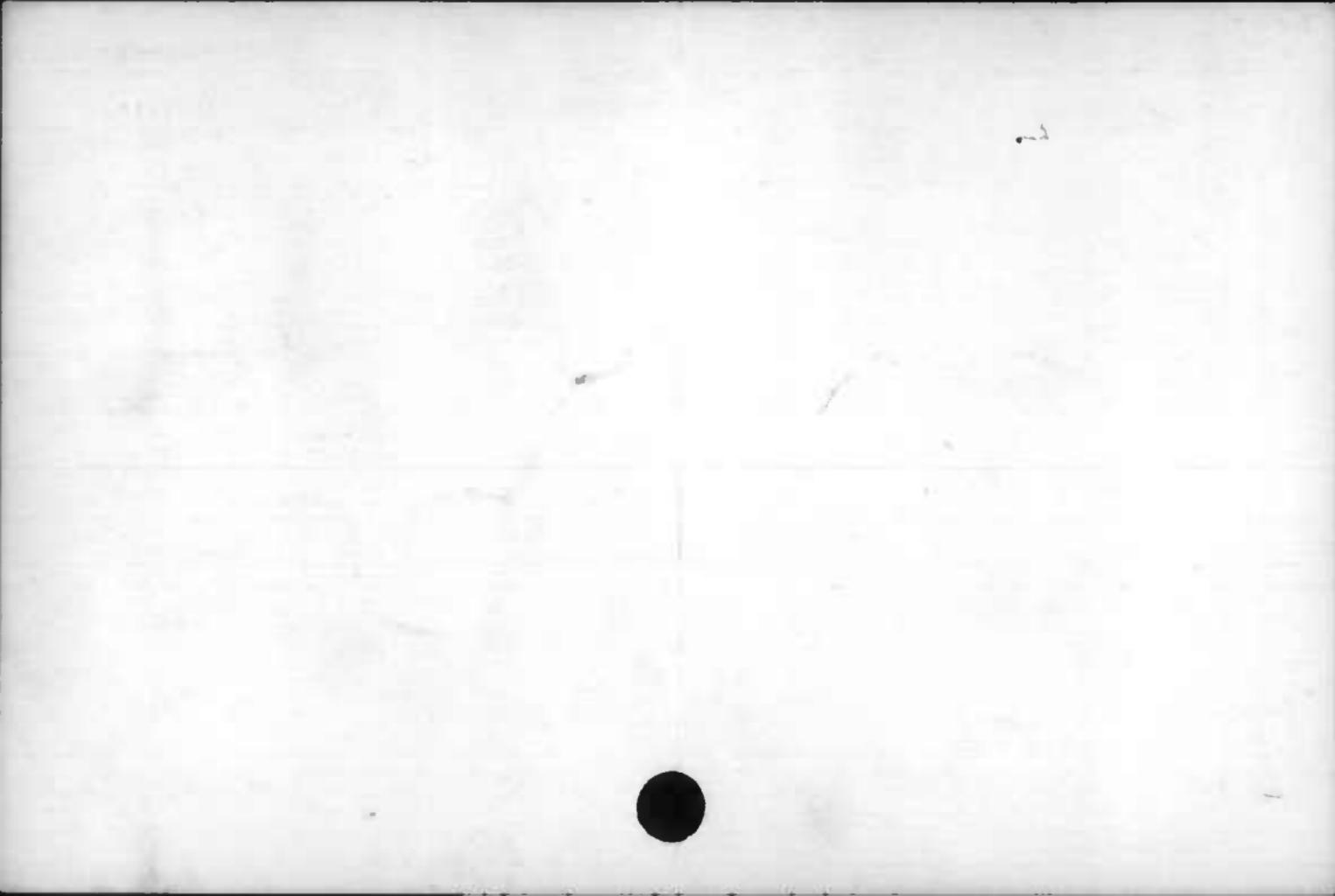
Signature of
Physician

Address

Y. Wallace Roosevelt
Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Unknown Premature Birth,

Died at Town County
Found near Catonsville Baltimore

MARYLAND

Date Month Day Years Months Days
of death 1908 Dec. 13 Age Premature Birth 8 $\frac{1}{2}$ mos.

Sex Unknown Color or Race White Birth-place Unknown

Occupation — Where Residing if not
at place of death —

Married, Single or Widowed — Name of Wife or Husband

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information A.H. Mann Jr. M.D. Health Office How related deceased

CAUSES OF DEATH

179

How long

How long

Primary Unknown

Immediate Unknown

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frederick L. Pakenstorf
Coronor.

Accident or Suicide?

